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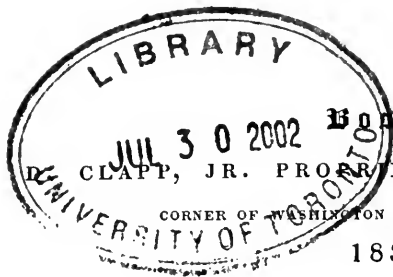
THE

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EDITED BY J. V. C. SMITH, M.D.

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OPIUM.

FROM DR. G. G. SIGMOND'S LECTURES ON THE MATERIA MEDICA, AT THE WINDMILL-STREET SCHOOL OF MEDICINE, LONDON.

OUR doom on earth is labor, pain, and sorrow. The more anxiously the inquiring intellect of man surveys the universe before him, and the more intensely he scrutinizes the hidden mysteries by which he is surrounded, the more firmly does the conviction settle upon the mind, that such was not always his lot. That awful judgment is then recalled to the conscious mind, and he knows and feels its truth: "Cursed is the ground for thy sake; in sorrow shalt thou eat of it all the days of thy life." But his consolation is, that his punishment was tempered with mercy, and that boon was not recalled, "Behold I have given thee every herb bearing seed which is upon the face of all the earth, and every tree which is the fruit of a tree yielding seed; to you it shall be for food." Such reflections naturally take possession of the mind, when contemplating the power given us, of assuaging the acutest sufferings of our helpless nature by the administration of a simple juice, the produce of the humble poppy, and which in the land of its growth has obtained, from the submissive believer in an unerring Providence, who has predestined all things, the name of "*Masch-Allah*," *the gift of God*.

It is one of the most honorable boasts of the physicians of this country, that the whole medical profession of Europe acknowledges that they first taught the proper treatment of inflammation by active blood-letting, and the cure of intermittent fever by bark, and that the English physicians are likewise to be venerated as having first disseminated a proper knowledge of the inestimable value, in the healing art, of opium; and though in the present day its virtues are not sufficiently estimated, or the art of administering it is forgotten, Murray of Gottingen has celebrated the praises of our predecessors, "*Anglorum experientia multas opii virtutes, antea ignotas, in nostrum cognitionem primum pervenisse, fatendum est*." He has pointed out the first teachers of its uses, and their names may well be the glory of an intellectual body of men: Sydenham and Morton, Friend and Mead, Pringle, Whyte and Lind. This is more particularly to be noticed, because foreign physicians received this drug with considerable doubt, and by no means placed any reliance upon its efficacy. It is true that Plater had commended it, and that Sylvius was loud as to its merits, which he had learnt from Van Helmont, but to such an excess did he carry his enthusiasm, that he obtained amongst

his cotemporaries the name of "the Opiate." Paracelsus had previously successfully employed it. Probably these learned men had been somewhat extravagant, or too general, in its praises; for until Boerhaave, with much moderation and little theory, recommended it, scarcely any attention was paid to it. His pupils, and amongst these were Van Swieten and De Haen, followed their venerated preceptor in his views, and it was afterwards very generally received and freely employed. That Stahl should oppose it, was not at all surprising—all novelties in practice he regarded with horror. He was one of the school of bigots, at one time the guides and leaders of science in Europe, but of whom none remain at the present hour; but their place is supplied by the lovers of everything that is new and wonderful under the sun, who try every new remedy, and abandon it with as much precipitancy as they at first embraced it, when any new candidate for universal reputation as a panacea presents itself. Stahl was certainly the most inflexible opposer of every new doctrine. He declaimed against iron, ammonia, mercury, opium, and bark, which latter he declared produced hectic fever in the thin, and dropsy in the fat subjects of our medical art. Juncker assisted in vituperating opium, without, however, diminishing its reputation in the eyes of the candid and examining physician. I need scarcely allude to the early employment of opium as a narcotic medicine, with a view of entering into any historical disquisition; you will find in Le Clerc's History of Medicine all that is necessary to be known; certainly, Hippocrates did not use it as such, although a cotemporary, Diagoras, did. Celsus appears to have had some objections to the administration of narcotics, and his descendants, the surgeons, seem to have inherited the feelings of their first great writer; for, on looking through their writings, you will be struck with their inattention to the powers of this drug. It is true that, generally speaking, it is only within a few years they have learnt the effect of general treatment upon local disease, and that they are beginning to abandon the use of instruments on every occasion; that they have now a greater insight into the employment of medicine; and that, for instance, in spasmodic stricture of the urethra, the constant introduction of an instrument, which has been the source of such large fortunes to some individuals, is abandoned for a healthier and safer practice. *Ætius*, *Alexander Trallian*, *Paul of Ægina*, very rarely commend opium. It enters, however, into the composition of the *Philonium of Mithridate*, of *Theriaca*, of the pills of *Cynoglossa*. The Arabian physicians were well skilled in its administration.

The poppy seems to have been cultivated in gardens as early as the days of Homer. That it was grown at Rome, before it became a republic, is ascertained from the well-known illustration that Tarquin gave of his policy, in cutting off the heads of his poppies as he proposed to do those of his aspiring enemies. It seems to have been grown largely on the farms in Italy, for we find Virgil, in the *Georgics*, alluding to it thus:—

"Neanon et lini segetem, et cereale papaver
Tempus humo tegere, et jamdudum incumbere aratro."

That he was aware, too, of its narcotic property, the following line proves :—

——“*Lethæo perfusa papavera somno.*”

But the seeds were the inducement to carry on the cultivation of the poppy. They seem to have formed an article of food of no small importance, and in the days of Dioscorides they were thus employed. This is also the case even to the present day, not only in Persia, in Egypt, but also in Poland, Silesia, Hungary, and even Italy. They are formed into little cakes, or bread is sprinkled with them. Le Clerc thinks they possess some narcotic property, which is dispersed by fire; but Van Swieten asserts that they have no such quality, that they may be eaten with impunity, and that a pound may be made use of. The seeds are bland, inodorous, and of an agreeable flavor, but the unripe seeds are said to be dangerous. By expression they yield an oil, which has been used as a substitute for butter, without producing any deleterious effect. It is employed by watch-makers under the name of Oil of Ben. It has been computed that each plant will yield upwards of 3000 seeds.

The white poppy, or *papaver somniferum*, is a native of Asia. It is an annual plant, rising to a height of five or six feet, flowering in the month of July. It is cultivated to a very great extent, for the purposes of commerce, in Asia Minor. We learn, from the exceedingly interesting, and, as we have now occasion to know, the very correct history of his travels, given us by Sir John Chardin, that even in the year 1670 it was cultivated at Afium. When speaking of the love of the Persians for opium, of the extravagant follies of which they are guilty when intoxicated with the drug, he says they obtain it from Afium, from whence its present appellation has sprung. His narrative of the effects of opium, his description of the cabarets or shops in which men of all ranks and gradations indulge in the licentious use of opium, correspond precisely with what is described at the present hour. In the territory of Afium Kara Hissar, and throughout the whole of that pachalik, and in the neighboring provinces, the poppy is the great object of culture, and of laborious attention. Within the last four years, the government has unfortunately monopolized the commerce, which was previously free. There is, however, an immense contraband trade carried on, and there is no deficiency in the supply either of the Oriental or European markets.

During the last session of the Institute of France, a very interesting memoir was read in the Académie des Sciences, from Mon. Texier. He received, whilst at Constantinople, an invitation from the Mousselim to visit Afium Kara Hissar, for the purpose of inspecting the celebrated poppy-farms. He determined to avail himself of an opportunity which has been rarely offered to a scientific traveller. He accordingly arrived there on the 2d of July, just at the moment which is interesting to a medical man. He spent four days there, and examined very minutely the mode of cultivation and of incision. He describes, in his dissertation, the geological formation of the country, and its general aspect, which is that of an extinct volcano. There is throughout the tract of country a great variety of soil, nor does it appear, from his observations,

that the poppy requires any peculiar condition of land ; the temperature is at no time very high, and the snow often remains on the earth for some months. He gives it as his opinion that the poppy would well bear the temperature of France, and be equally productive. The great injury to which the crop is liable is from rain, which, should it occur to any great extent in the months of May and June, would destroy all the hopes of the grower. As the irrigation does not depend upon canals, the variations in the quality of opium would also be considerable in the event of long-continued drought. A few days after the flower has fallen off, the husbandman makes an incision into the capsule of the poppy ; immediately a white fluid exudes. The plant is then left for a day and a night, during which exudation goes forward. Each poppy-head gives forth opium once, and then only a few grains. They then collect, with large knives, the juice, which has acquired a brown color. The first sophistication of at least ten which, M. Texier tells us, it has to undergo, now takes place, for the peasant takes care to scrape off a good portion of the epidermis of the poppy-head, to increase the weight of the opium. It is then not unlike a viscid jelly. They place it in earthen vessels, and, by way of keeping up the proper moisture, they pay the delicate attention of spitting into the jars—an operation which naturally called forth a question from M. Texier, whether a little water would not be considered a fair substitute for the saliva ? These experienced manipulators very tranquilly assured him that the goodness of the opium was materially influenced by their secretion. The opium is then wrapped up in large leaves, and in that state is sent to Smyrna or to Constantinople. The seeds of the poppy that has thus yielded its opium are useful for sowing in the following December. This is the latest and best description of the culture of opium. There are some accounts of the growth of the poppy and the mode of incision in India, in various publications, but they seem all copied from each other. The authority of Mr. Kerr is principally depended on. He estimates the produce of a single acre there at sixty pounds of opium. Kœmpfer is likewise looked upon as giving a good description of the treatment of the poppy ; but the lines of old Æmilius Macer appear to be quite as descriptive of the mode of obtaining opium in the present day as they were then :—

“ Ex hujus teneris faciunt opium capitellis,
Incisa leviter summa cute, lacque quod inde
Deiluit, accipiunt cochleis, siccumque reseruant
Antidotis multis aptum, variisque medetis.”

The poppy has been assiduously cultivated by botanists, and by medical men in different parts of Europe, with a view of ascertaining whether opium might not be obtained from it equal in value to that which is procured from the East : and in almost all the various experiments that have been detailed, we learn that very excellent samples have been the result ; but the scale on which these attempts have been carried on, is necessarily so very limited, that I hardly think we have any right to arrive at the conclusion that it can be made an article of culture, which may be at all likely to supersede that which commerce now brings to our doors. Alston succeeded in Edinburgh, and it has been tried in England on more occasions than one. In the year 1796, Mr. John Ball, of

Williton, was rewarded by the Society of Arts for procuring opium in an unsophisticated state from British poppies. Dr. Latham and Dr. Pearson pronounced that it was quite as efficacious as the foreign drug. Mr. Jones, at a later period, likewise laid before the Society some specimens of opium obtained from poppies grown at Enfield, which was declared by the committee of chemistry to be equal in quality to the foreign opium : to judge, however, from the letter which he laid before the Society, he had to encounter very considerable difficulties, owing to the extraordinary rain and winds which occurred during the summer he was trying his experiments ; but he says this ought not to discourage others, as it was quite accidental. From various attempts that have been made, it appears to me that our climate is not adapted to its culture, and for many unsuccessful years one or two favorable ones would not repay the grower. The year 1817 was remarkable in the neighborhood of London for the fine appearance of the poppies, the extract was particularly good, and it was attributed to the weather being unusually clear and fine ; indeed, from the second of June until the autumn, there was a sunny, temperate time, exactly adapted for vegetation. Falk, at Stockholm, Haller, at Gottingen, Lindelstöff, at Carlstadt, have given to us the result of their observations ; they all of them have raised the poppy in their respective gardens, have made the incision, obtained opium, and used it in medicine successfully. At Naples they seem to have been very sanguine, and to have expected to have been able to make their experiments subservient to the supply of the country. Tenore and Savery took considerable interest in it. In Sicily, Prestandrea superintended the cultivation, and describes a very useful instrument with which he made the incision : his facts and experiments are detailed in the "*Giornali di Scienza*."

The two principal varieties of the drug which find their way into our market, are the Turkish and the Egyptian. The Indian comes here occasionally, but the greater part of it is sent to China. I have likewise seen other sorts, but they are rather in the cabinets of the curious than articles of common occurrence, such as the Persian, in long cylindrical rolls.

Of the Turkish and the Egyptian, the first is by far the best, and its price is higher, usually about four shillings a pound dearer, and it is superior in all its qualities. It comes to us in round, or oval, flat pieces, and generally some leaves, either of tobacco, or of some species of rumex, adhere to it. You may judge of its quality by its weight, and by its characteristic odor ; but you must likewise be aware, that to increase its weight the exporters add all kinds of rubbish, sometimes marble dust, leaden bullets, stones, and copper coins. Good opium is very plastic, and on feeling it you should examine whether there are any hardened masses, for it should be equally soft and yielding at all parts. None is good but what is perfectly soluble in water. Occasionally, more particularly in the Egyptian variety, there is a hard glutenous mass, which becomes still harder by keeping, and is scarcely to be dissolved in cold water. If it has dark-brown, or black patches, if it has a sweet, mawkish taste, and has rather an empyreumatic odor, it is not good. The

adulterations and sophistications are very numerous. Aloes, with extract of belladonna, or hemlock; gum arabic, or tragacanth, with extract of lettuce; extract of poppies, or liquorice, all are substituted, and sometimes even the dung of sheep and oxen.

Few subjects have excited amongst medical men greater attention than the labors of the chemist to ascertain in what particular part of a plant its virtues reside, and by analysis to obtain it from the bodies with which it is united. In some instances it has led to most important and valuable accessions to our science, and placed in our hands new instruments by which we can combat disease; but, again, some bad effects have arisen out of these discoveries; there has been a want of uniformity in the various preparations, and there has been no inquiry conducted on clear and just principles, which would enable the whole profession to form a sound and wholesome judgment. One man announces in one of the most active poisons, a salutary and useful remedy, but no one else finds himself equally successful, and this is owing to the different processes pursued in obtaining it. Again: chemists have appeared before the public before the complete analysis of a vegetable has been obtained; they have fancied each stage of that analysis the end of the journey; and the consequence has been, that there appears to be a multiplicity of discoveries, which turn out, after all, to be merely unfinished inquiries. Some short time since, the ultimate analysis of opium was pronounced to have proved the existence of three bodies only, morphine, narcotine, and meconic acid, as the peculiar principles: the list has now swelled up to twelve. It forcibly reminds us of the language which that observant chemist, Sir Humphrey Davy, has made use of, nor can one be surprised that his sagacity and high intellect saw the ridicule such a state of chemical science must excite; he has placed the following sentence in the mouth of one of the persons in a dialogue, in the *Consolations in Travel*, or the *Last Days of a Philosopher*: "I once began to attend a course of chemical lectures, and to read the journals containing the ephemeral productions of the science; I was dissatisfied with the nature of the evidence which that professor adopted in his demonstrations, and disgusted with the series of observations and experiments which were brought forward one month to be overturned in the next; in November there was a zingiberic acid, which was in January shown to have no existence at all; one year there was a vegetable acid, which was shown to be the same as an acid known thirty years ago; to-day a man was celebrated for having discovered a new metal, or a new alkali, and they all flourished like the scenes in a new pantomime." In tracing the steps which have led to the analysis of opium, which is now received as the correct one, I do not think it would be at all advantageous to you to detail any of the circumstances which are known previous to the year 1803. From the days of Neumann, up to that period, almost all the experiments that were made were crude, ill-digested, and produced no good effect. All the practical purposes to which opium could be applied were investigated with great labor and with great assiduity; but although the medical men who employed it were anxious to obtain every information, they do not seem to have understood upon what principle they

should direct their inquiries. Numerous are the persons I could mention to you who have written on the subject, and to whom you may wish to refer; amongst these, Wedelius, Dr. Crumpe, Jones, Le Mort, Buchner, and Crell, are principally to be enumerated.

(To be continued.)

M. LISFRANC'S TREATMENT OF WHITE SWELLINGS.

A WHITE swelling is defined by M. Lisfranc to be a chronic enlargement of a joint. He does not attempt, as Sir B. Brodie has done, to classify diseases of articulations according to the tissue which is primarily affected. Even when the extreme mobility of the joint proves that the ligaments are destroyed, or when on bending the joint, a grating sound is heard as if two surfaces rubbed together, he does not consider amputation indispensable. The most dangerous white swelling is a tumor which gives on pressure the sensation of a spongy tissue, never acquires a very considerable size, and does not always give pain. It is formed (as is ascertained by dissection), of a reddish substance, like erectile tissue, in which there are granulations analogous to pulmonary tubercles. Suppuration soon takes place in this disease, and sanious pus, with portions of the erectile tissue, escapes. If amputation is not consented to, M. Lisfranc applies moxas, to endeavor to destroy the anormal tissue by inflammation.

Treatment of White Swellings.—If there is any visceral disease, either preceding the local affection or coming on during the cure, M. Lisfranc directs his attention to it, and does not attempt to cure the disease of the joint; for in such cases he has found that a diminution of the local affection was followed by an aggravation of the visceral disease, and that the cure of the latter relieved the former malady. Absolute rest of the limb is necessary, in the position which will be most convenient, should ankylosis take place. In hip disease, M. L. fixes the leg to prevent luxation. As regards treatment, it is important to ascertain whether the *stage* is acute or chronic: not that there is acute inflammation of the joint, but rather the state in which there is increased heat of skin, and permanent or remittent pain, which may be called sub-inflammation. In this stage local bleeding is beneficial, regard being had to the strength of the patient and to the effect of depletion upon the constitution: thus, in scrofulous and debilitated subjects, from twelve to fifteen leeches should be applied, and, if the patient is strong, from forty to fifty. In general the blood should be allowed to flow for two hours. If the pain and heat continue, twenty more should be applied the next day, or the day after that. If great debility is produced, poultices and tepid baths are had recourse to, or narcotic applications, if the pain is increased. When the powers are invigorated, leeches should be re-applied until the tumor goes into the complete chronic stage. This may be after six weeks, or even after as many months. The return of the sub-acute symptoms requires leeches. M. Lisfranc has employed calo-

mel and opium so as to produce rapid salivation, but not with much success: in the chronic stage he has not been more fortunate, but he intends to make more experiments with this medicine. When the chronic stage is fully established, and has at least existed eight or ten days, M. Lisfranc employs excitants. He considers that a few leeches determine a flow of blood to the part, and he therefore applies from four to ten, and allows them to bleed half or three quarters of an hour. In some cases there is a diminution of the tumor the next day: it may, however, be increased in size, but this is generally temporary. If after six or eight days there is no improvement, the leeches must be repeated; but if, after two or three applications, the symptoms do not yield, other means must be used. If there is any diminution, from five to ten leeches should be applied every eight or ten days.

Indiscriminate compression is bad; but, when the tumor is soft and œdematous, it may succeed. If there is any probability of its reproducing the inflammation, a simple roller should be first applied: subsequently, stronger compression should be made by means of cones of agaric, two inches in height, with their bases resting on the tumor, and the mass passing at least half an inch beyond the swelling in its whole circumference. These are to be fixed with a roller. This compression should be continued for three months after the tumor is apparently cured, gradually diminishing the pressure. Kneading the joint previously to compression is useful in obstinate cases.

The actual cautery is remarkably beneficial when the tumor is so chronic that no pain is produced on walking. Hydriodate of potash, rubbed in externally, is the form of iodine which M. Lisfranc likes, and he only employs it in very chronic cases. Douche baths of all sorts, blisters, moxas, and setons, are sometimes useful: their effects must be carefully watched. After the patient is cured, exercise should be taken very cautiously and gradually.—*Revue Médicale.*

REPORT ON HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have been often asked by my professional brethren, when we might expect the long-looked-for ultimate Report of the Committee of the Philadelphia Medical Society, on Hernia. In reply, I send you an extract of a letter received by me, from Dr. Coates, Chairman of the Committee, in answer to a similar inquiry from myself. Perhaps your readers would wish its transfer to your pages.

Very respectfully,

Boston, Jan. 29, 1837.

E. W. LEACH.

“My Dear Sir,—The Committee on Hernia have held several meetings within the last three weeks, with a view to the presentation of an ultimate Report, which must be read prior to the 26th of February next. I am urging this investigation to a conclusion as rapidly as cir-

cumstances will permit, and the public may expect the result in the May Number of the American Journal.

In the mean time I could not attempt the statement of facts, even in the brief manner you propose, without a very inconvenient sacrifice of time; but it will be perfectly safe for you to state, to all inquiring friends, that the weight of evidence proving the entire success of the trusses of Dr. Chase, will be very considerable—that the proofs of the inaccuracy of the original doctrine of cure by condensation will be numerous—that the doctrine contained in my letter, published in Chase's work, will be fully borne out—that the ring of the affected side, in cases of cure, is often temporarily, and probably sometimes permanently, more secure than that of the opposite side, in inguinal hernia—that the proportion of curable cases exceeds all previous calculations, and that the Committee were wrong in their preliminary report, when they so roundly condemned the use of trusses in cases affecting infants. In all things relating to this question the Committee have acted without fear or favor, and may safely lay claim to that degree of candor which would warrant the compliment implied in the conclusion of your letter. I feel exceedingly happy in being able to continue in connection with them through the whole course of the investigation, having been, till recently, fearful that the Southern Expedition might arrest me in the midst of the labor.

I would gladly communicate more information on the subject, did time permit.

I am, Sir, with great respect, your obt. servt.

REYNELL COATES.

E. W. Leach, M.D., Boston.

REMARKS ON ITINERANTS.

[Communicated for the Boston Medical and Surgical Journal.]

NO. III.—MERCURY.

WE never see a person, good, bad, or indifferent, and the remark is frequently made, who has not some friends. "Mercury," as those who are opposed to its use call the various preparations used as medicine, has its friends, and I am willing to be ranked as one of them. Though anathematized by quacks and their unconscious dupes, it is a valuable medicine, and could not well be dispensed with in general practice. By those persons it is asserted to be a poisoner of the blood; but there is more evidence of its being a purifier than a poisoner of this important fluid. When a person is afflicted with an obstinate humor, the common supposition is that the blood is in a bad state. Mercury, in some form, is the best remedy of anything which has been discovered. Syphilis is supposed to poison the blood. There is, in all varieties of this disease, no certain specific but mercury, and this seldom fails. In affections of the liver, which with much propriety may be said to injure the blood, mercury is generally the best remedy that can be administered.

By its susceptibility to operate upon every viscus and every gland, it

may almost be said to be a universal purifier. When the bowels are loaded with impurities, it very readily evacuates them. When the stomach wants cleansing, as it is often called, it is more effectually operated upon when calomel is used in combination with some other emetic. In combination with diaphoretics, it operates upon the skin, producing a most salutary diaphoresis. The biliary vessels are more effectually emptied by calomel than they possibly can be by anything else. Even the salivary glands, much to the sorrow of the patient, if not to the physician, are very sensibly, perhaps too sensibly, operated upon by mercury. In fact it operates upon every part, and all other medicines belonging to the *Materia Medica* cannot be made to effect so many salutary purposes as this abused and despised article. It has, to speak figuratively, a sort of saponaceous quality, calculated to cleanse every part. I have used it in several thousand cases, and were I put upon my oath to testify whether it had done good in every case, I could not pick out a single case where it had done hurt, or left the system injuriously affected at any time afterwards.

One case in which I used it was that of a little girl, five years of age, so interesting on account of her beauty that she might with propriety be compared to a rose bud. I used it after all other remedies had failed, in doses of a teaspoonful heaped up, once in six hours, for a week, as a vermifuge. The result was, the worms (*tænia*) were expelled, to the almost incredible number of one hundred and twenty-five; restoration to perfect health followed, and she has since grown to maturity and is now an amiable young lady of exquisite beauty.

In two cases of melancholy, occasioned by hepatic affection, mercury effected a cure, when many other remedies which had been resorted to produced no benefit. In the most violent case of mania I ever saw, after making use of all the more common remedies to no purpose, I gave calomel, first in large doses to produce catharsis, and then in small ones, often repeated, to produce pyalism, and effected a cure. A very remarkable feature in this case was the state of the skin. Without being affected with any supernatural heat, it was dry, husky, and scaly. The scales were large, sharp-edged, exhibiting, when the patient was enraged, a bristling and erect form, reminding one of the quills of a porcupine. This affection was perfectly changed by the calomel, and the skin assumed the pliability and softness of a little child's. When the glands were restored to a healthful state, the mania was perfectly removed, and since that period, which was three years ago, the patient has remained hale in body and mind.

From the prejudice existing against mercury, and from its liability to affect the glands when this is not desired, I use it at no time when anything else will answer as well; and never, unless the patient or his friends are willing. Like fire, water, and everything else which has been subsidized to useful purposes, it may do hurt, and ought not to be resorted to by those who do not well understand their profession; and not by those who do, when anything else will do as well.

All that is designed or intended by these remarks is the removal of

the prejudices which ignorance and empiricism have propagated and fixed upon the minds of well-meaning people. One thing is desirable in regard to it, and that is, that its effects upon the salivary vessels could be prevented when desired; but then it would be too valuable a medicine for mortals to enjoy.

PATHOLOGY AND TREATMENT OF DYSENTERY.

[THE following observations on the pathology and treatment of this disease are from the pen of J. G. Davey, M.R.C.S.L., and are copied from a late foreign journal.]

The prevailing notion is, that dysentery essentially consists in an inflammation of the mucous membrane of the intestines, more particularly the large intestines. This condition is looked on as the cause of the symptoms of the disease, and the treatment is directed to the removal of inflammatory action. In protracted examples of the disease there are to be met with undoubted evidences of the existence of inflammation, and inspection, post-mortem, very unequivocally demonstrates its usual disorganizing effects; but I feel disposed to look on the phlegmon of the mucous tunic of the alimentary canal as the result of a continued and efficient cause, operating locally.

The presence of acrid, unwholesome, and indigestible substance in the *prima via* excites an undue and irregular peristaltic action of the muscular coat of the intestines, accompanied with increased secretion, for the purpose of carrying off the offending matter, and thus allowing the parts concerned to re-acquire their normal condition. Such are nature's efforts to relieve herself, and in some mild cases it is possible that she will succeed without any medicinal interference, but, in the greater number of cases, the symptoms will become aggravated. There will be a troublesome diarrhoea, loss of appetite, and general indisposition, which, after continuing for a few days unrelieved, or being unattended to, will often be succeeded by those of a dysenteric character. In the majority of cases, at the commencement, there will be little or no febrile disturbance of the system, or local pain. If the abdomen be examined, no unusual sensibility of its parietes, or increased temperature, will be found. In those cases where the quality of the ingesta has been of a highly offensive and irritating character, the symptoms will be proportionately severe, even at their approach, and will, in a very short time, assume all the characters of acute dysentery. An untimely saline, or a drastic purgative, I have known to establish, very quickly, the severest type of the disease; and thus are we led to trace the analogous effects of different irritants on the mucous membrane of the intestines.

The treatment which I have so successfully adopted in a great number of cases of acute dysentery has been this: On my first seeing my patient I direct the following formula. R. Powder opium, half a scruple; blue pill, six grains; tartarized antimony, one grain; mix. Make six pills, of which one is to be taken every alternate hour, in very severe

cases—more commonly every four or six hours, and never without the greatest benefit. If the tenesmus, or strangury, be very urgent, an opiate suppository, or an enema, may be prescribed, with much advantage. After some hours the patient will invariably express himself as being much relieved, and at this time he may very properly take a teaspoonful or two of the milk of sulphur, or a small dose of castor oil. The sulphur I have found to answer the purpose better than any other medicine. A moderate perseverance for a couple or three days, with these means, I have invariably found sufficient for every purpose.

The daily administration of a mild laxative is highly necessary and judicious, throughout the course of the disease, in order to excite the functions of the excreting organs, and to evacuate such morbid secretions as may have collected.

That the pathology of dysentery, in its early stage, embraces something else than inflammation, is established, I think, by an unprejudiced review of its symptoms, and by the particular treatment above specified being so singularly efficacious, which few would consider as other than extremely unlikely to combat acute inflammatory action, occurring in any portion of the intestinal canal.

If the disease have been, from its commencement, unattended to, or ill-treated, we shall then speedily find inflammatory action set up within the abdomen, and which, if not subdued, will lead to incurable disorganization of structure.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 8, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

WITH this number commences the SIXTEENTH VOLUME of this medical periodical. By untiring industry on our own part, and the kindness of those who have extended a fostering patronage, we confess, with deep feelings of gratitude, that success attends our labors. The Journal is without a competitor in New England, and circulates widely over the United States, and in other countries. It has been a point of ambition with us to live on good terms with other Journalists, and, as far as possible, make these pages the vehicle of useful intelligence, rather than the field of warfare. From a disposition to avoid controversy, we occasionally disappoint those, who, with the most honest intentions, would involve us in endless disputations, entirely subversive of all harmony in the profession. Others, delighting more in the fierce exhibitions of excited passion, have found but little here to gratify their morbid cravings. But the candid practitioner of medicine, it is believed, has suffered no disappointment either in the amount or character of the leading articles with which he has been regularly served for a succession of years. We wish it to be distinctly understood that the Journal is, to all intents and purposes, de-

signed to be a record of medical and surgical facts. It is the medium through which the profession may interchange sentiments and publish the results of their experience.

We respectfully solicit a continuance of those favors which have eminently contributed to raise the Journal from puny infancy to strength and vigor. Those who have contemplated opening a subscription, will now find it a convenient time to commence it ; and to that end extra copies of the new volume will be printed, in order to accommodate new subscribers with perfect sets.

COLLEGE OF PHYSICIANS AND SURGEONS, WESTERN DISTRICT, N. Y.

THIS institution has been gradually growing in favor, till it takes a rank with the best medical schools of the interior, in this country. There were one hundred and sixty-four students the late term—a truly formidable number, compared with some of the catalogues lying before us from several other colleges located in great and flourishing cities, where the advantages for studying anatomy and operative surgery are vastly superior. Our old friend Dr. De La Mater still continues to lecture : he is an indefatigable man, and has given direct prosperity to every medical college with which he has ever been connected. For the information of those who are unacquainted with the mode of commencing the practice of physic in the State of New York, the following extracts from the Revised Statutes are here introduced.

It will be perceived that no degree or license granted by any authority out of that State, will entitle the person holding it, to practise Physic or Surgery in the State.

1. The thirteenth section of title seventh of chapter fourteenth of the first part of the Revised Statutes, is hereby amended, so that it shall read as follows :

No student, who has attended one or more courses of medical lectures, shall be admitted to an examination by any Medical Society, except of the county in which he shall have pursued his medical studies for four months immediately preceding his attendance upon his last course of lectures, or by the Censors of the State Medical Society.

2. The seventeenth section of said title seventh, is hereby amended, so that it shall read as follows :

No person coming from another state or country, shall practise physic or surgery in this State, until he shall have been examined and licensed by the Censors of the State Medical Society.

4. This act shall take effect immediately after its passage.

The State Medical Society, at its session in February, 1836, passed the following resolutions :

Resolved, That no medical student shall be received for examination by the Censors of the State or County Medical Societies, until he shall have furnished certificates of having studied the full time prescribed by law, authenticated by the affidavit of his preceptor or preceptors, or in its absence, by his own affidavit.

Resolved, That when a student has attended lectures, he furnish a certificate from the College in which he attended, that he has attended a full course, or if not a full course, the extent of his attendance ; and that his attendance has been regular, and his conduct and character as a student, proper and respectable.

The late Dr. Fisk, of Worcester.—It is due to the memory of this venerable man, whose death was recently announced, that some biographical memoir of his life should be furnished for the Journal. Those who enjoyed a personal acquaintance with him, would be the best qualified to collect something worth preservation, illustrative of his life and professional character. As Worcester had been his place of residence a great number of years, some of his professional brethren there would confer a favor by communicating such facts as could be conveniently obtained. The physicians of revolutionary days, whose struggles and privations were altogether more trying than any hardships which are now experienced, should not be forgotten. The army surgeons of the olden time are disappearing, a few only remain; and ten years, at the farthest, will probably deprive us of those who are now living. Dr. Thacher, of Plymouth, who was present at the execution of Major Andre, is between eighty-five and six years of age.

Mass. General Hospital.—The operation at the hospital on Saturday last was for cancer of the breast. The patient was a single woman, thirty-eight years of age—her occupation that of a milliner. For many years past she has been subject to a derangement of the alimentary canal, and to occasional attacks of dyspnoea. A year since she was attacked with a sharp darting pain in the upper part of the right mamma, which she attributed at the time, to some affection of the organs within the chest. Very shortly after this period, however, a small, hard, well-defined tumor, about the size of a hazel nut, made its appearance in the upper part of the breast, at the spot where the pain had been most severe. The disease has gradually increased until the whole breast has become affected. At present the breast appears to be about a third larger than that of the left side, of a scirrhus hardness, and surrounded by a great induration of the cellular substance. The nipple is slightly retracted. The pain which the patient experienced at the commencement of the disease has continued, with greater or less intensity, to the present time.

Dr. Hayward removed the breast by two semicircular incisions. The breast being dissected up from the pectoral muscle, it was found necessary to remove portions of cellular membrane, which had become much indurated in the neighborhood of the disease. The dissection was carried almost up into the axilla—the glands, however, at this point did not seem to have been affected. One or two small arteries required a ligature—and the wound was brought together by adhesive straps.

Upon cutting into the diseased breast, the gland and surrounding cellular substance had equally assumed the appearance usually presented by scirrhus. These parts, however, were interspersed by small portions of healthy texture. No ulcerations had yet anywhere taken place in the diseased mass.

Hingham Insane Asylum.—The profession is respectfully informed that Dr. Gordon, of Hingham, has opened a Boarding House for the Insane, in that town. The house is nearly new, and is well arranged for its present purpose. Its situation is retired and salubrious. Individuals especially, whose conditions do not require them to be constantly confined, would be agreeably situated at this house. Suitable carriages and at-

tendants will be provided. Applications may be made to Dr. Gordon at Hingham, or to Dr. Charles Gordon, No. 6 Winter street, Boston.

Vermont Academy of Medicine.—The next lecture term commences on the second Thursday of March, at Castleton. We advise all students who are not otherwise particularly engaged, to avail themselves of the advantages of this quiet and meritorious medical school.

Vaccination.—The City of Bangor has set a noble example to all other cities, in the energy with which this important matter has been conducted—having expended more than nine hundred dollars for the security of the poor. The true principles of economy, separate from all considerations of a philanthropic character, should stimulate every town throughout this land of intelligence to protect its inhabitants from that horrible calamity, smallpox. It must be done, or the disease never can be eradicated.

Cancer.—It was briefly mentioned in the Journal, last week, that an English practitioner had made use of the external application of soap liniment and ox-gall in cases of cancer. This remedy was suggested by noticing in a cancerous patient, who was also affected with occasional jaundice, that whenever the stools became white and the skin and eyes yellow, she was perfectly free from pain. It occurred to the practitioner that if there was any connection between these two circumstances, he might, in other cases, render the cancerous virus inert by introducing sufficient gall into the system.

Diabetes.—Dr. Peacock, of Darlington, Eng., has given the following prescription, with much success, in diabetes: Pulv. stryenos, gr. v.; ferri præcip. ʒj.; cretæ ppt. 3j.; pulv. opii, gr. j. M. ft. pulv. j., ter in dies, ex aq. font.

Medical Miscellany.—Dr. Fox, master of the Fort Hill School in this city, saved a little child from a painful operation, the other day, by taking a pin from its horizontal position, over the trachea.—Edward Tuckerman, Esq. of Boston, has been elected President of the Massachusetts General Hospital.—Prof. Silliman, says a chronicler, is about delivering lectures on physiology and anatomy, at Cambridge. This cannot be true, we apprehend, as he was not educated an anatomist.—The medical lectures in Boston have closed.—The second edition of the Class Book of Anatomy is so nearly exhausted that Mr. Davis, the publisher, will speedily put to press a third edition.—Mr. Scudder lately extracted the broken point of a fine needle from the eye of a young lady, by a magnet, far enough to be seized with forceps—so say the papers.—Dr. J. S. Carpenter, of Philadelphia, has arrived from France.—A new quack remedy for lues—called Dr. Maravi's *talismanic drops*—is beginning to rival Evans's camomile pills—both being positive remedies for all human maladies.

Whole number of deaths in Boston for the week ending February 4, 43. Males, 25—females, 12.

Old age, 4—marasmus, 1—bilious, 1—dropsy on the brain, 4—asthma, 2—consumption, 5—rheumatic, 1—dropsy on the chest, 1—lung fever, 5—decline, 1—infantile, 1—disease of the heart, 1—scarlet fever, 3—child bed, 2—canker on the lungs, 1—croup, 1—pleurisy, 1—intemperance, 2—convulsions, 2—burn, 1—dropsy, 1—stillborn, 2,

MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, \$100 per annum; to be paid in advance.

Boston, October, 1835.

June 15—eoptf

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

A BARGAIN.

A PHYSICIAN in the County of Kennebeck (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

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PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me.,
JOSEPH BALCH, Jr. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN,
Bridgeport, Conn. Oct. 5—6m

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

Nov. 30.

MARSHALL S. PERRY, M.D.
AUGUSTUS A. GOULD, M.D.
HENRY I. BOWDITCH, M.D.
HENRY G. WILEY, M.D.

VACCINE VIRUS.

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Boston, Oct. 7, 1836.

tf—Oct. 19

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, FEBRUARY 15, 1837.

[NO. 2.]

OPIMUM.

FROM DR. G. G. SIGMOND'S LECTURES ON THE MATERIA MEDICA, AT THE WINDMILL-STREET SCHOOL OF MEDICINE, LONDON.

[Continued from page 11.]

It was in the year 1803, that Derosne announced that he had procured from opium a peculiar matter, white, crystallizable, and of uniform composition, which he then imagined to be that peculiar principle in which reside all the therapeutical and toxicological powers by which that drug is so strongly characterized. In the following year Seguin read a dissertation before the Académie des Sciences, in which he pointed out the existence of the most energetic constituent of the drug; he explained the method by which it was to be obtained; he very satisfactorily showed what were its essential and distinguishing characteristics. Here he stopped; and, according to the laws of discoverers, he lost that claim to which he would otherwise have been justly entitled, of being looked upon as the first discoverer, for he did not affix to this substance any name. Had he ventured to call it by any title, to him would have been awarded the merit due to the first observer of that constituent principle which has since been known to us under the appellation of morphia. To Seguin it is, also, that we owe our acquaintance with meconic acid, although in this, as in the former case, Sertuerner, of Einbeck, in Hanover, carried away the honor of the discovery in 1816. The French chemists always speak with some degree of mortification when, with the honesty which should always accompany science, they prove, that if France cannot actually claim the reputation, her chemists were on the eve, and really deserve the merit of first knowing the important constituents of opium. It was, however, Sertuerner, a German chemist, by whose patient labor and industry the real nature of morphine was unfolded: he placed his discovery upon the firmest basis, for he showed that it possessed the property usually attributed to alkalies, of combining with acids, and of forming, when thus united to them, neutral salts. Sertuerner did not hesitate to give to the scientific world a memoir which, of course, attracted considerable attention. Gay Lussac very properly committed to Robiquet the important duty of investigating and substantiating the facts thus announced by the German chemist. To no individual could such a task have been entrusted, whose capability and judgment would be more appreciated than Robiquet. He commenced his labors, and the first question that he felt called on to inquire into was,

what was the nature of the substance that Derosne had discovered in the year 1803. It was proved, even by the process that Sertuerner had pursued, that it did exist, but that chemist had not acknowledged it to be a constituent principle of opium; he had given it as his opinion, that it was a submeconate of morphine. The next question upon which Robiquet was to decide was, what was the real nature of the principle which Sertuerner had discovered, and of which he had given a description.

The results of the investigation, most carefully and philosophically pursued by Robiquet, were considered to be highly satisfactory, and have been universally appreciated. His experiments proved that morphia is an alkaline basis, capable of saturating acids, and of forming neutral salts; that the salt discovered by Derosne was not a submeconate of morphia, but that it was a peculiar principle, and that there was also a peculiar acid existing in opium, namely, the meconic. These analyses of Seguin and Robiquet were universally recognized, and, for a time, the inquiry was considered conclusive, until M. Pelletier feeling, that after fifteen years the science of chemistry had put into his hands a greater number of agents, by which analysis might be carried on, determined to become a laborer in so important a field of investigation; he has been followed by Couerbe and others. Pelletier's analysis, in 1832, gave us the results which I shall now mention to you—morphine, meconine, narceine, meconic acid, a brown crystallizable acid, peculiar resin, oil, caoutchoric gum, bassorine, and ligneous fibre. During the last session of the Medico-Botanical Society, a paper from his pen, translated by Mr. Foote, announced his observations on paramorphine and pseudomorphine, the latter of which does not always exist. It would ill become me, as having little opportunities of pursuing an inquiry into an analysis of opium, to make any observations upon Mons. Pelletier's views, but I shall confine myself to enumerating those constituents which I myself have seen when obtained, and of describing the outline of the processes by which, according to the first chemists, they are best procured. I have made all the inquiries upon the subject, and have examined into it with all the attention that I have been able to give; the difficulties attendant upon real personal acquaintance with all the points connected with it, are such that no one, not superintending all the stages, could undertake accurately to describe the processes, which are only carried into effect satisfactorily by practised chemists, upon a very large scale. However frank and honest may be the communications made by the individuals who conduct these operations, there must necessarily be many particulars which can only be known by manipulation and by experience. In speaking of the principles contained in opium, I must particularly thank Mr. Morson, of Southampton-row, for the kindness with which he has communicated with me; and amongst those from whom I have had occasion to seek information, I must acknowledge him as most willing, and, from the largeness of his operations, very capable of imparting it. There are, indeed, very few in London who have much experience, and it is only from copying one from the other, that much acquaintance with these points is derived.

The constituents which at this moment I am led to recognize as existing in opium are morphia, narcotina, codeia, narceia, meconia, thebaia, meconic acid. How long these may continue to be the sole principles I know not; but in enumerating these I am borne out by the testimony of the distinguished Professor in the Royal Institution of Great Britain, Mr. Brande, who, I observe, in the last edition of his *Manual of Chemistry*, gives them the sanction of his recognition. I have now to explain to you the methods by which these are to be obtained, so that their actual existence may be demonstrated to you. Two of these principles appear to be well-defined alkaloids, at least they possess that striking characteristic of unity with acids, and forming neutral salts. These two are morphia and codeia. Various are the processes which have been enumerated for obtaining them. That of Dr. Gregory and of Dr. Robertson seems to be considered the best. The first step in all cases is the proper solution of opium in water. Muriate of lime is added to a concentrated solution, by which agent the meconic acid, and the very small quantity of sulphuric acid which exists, are thrown down, so that meconate of lime, and a minute proportion of sulphate of lime, fall to the bottom of the solution, in which muriate of morphia remains dissolved. To obtain this muriate of morphia the solution is then evaporated to the crystallizing point. The other alkaloid, the codeia, accompanies the muriate of morphia and crystallizes with it. The muriate of morphia is of a dark brown color when it is thus obtained, the crystallized mass is then pressed to get rid of the color, and the process of crystallization is repeated until it becomes perfectly white. The next step is to obtain, from the two mixed muriates of morphia and codeia, the morphia; this is done by dissolving them in water, adding ammonia, by which means the whole of the morphia is precipitated, but the codeia remains still in solution. This liquor is then evaporated down, and then the muriate of ammonia, the codeia, and any proportion of morphia not thrown down will crystallize; on the addition of caustic potash the morphia will be decomposed, the ammoniacal salts dissolved, and the codeia be precipitated. The codeia is to be purified in ether, from which it crystallizes.

The essential characteristics which mark morphia and distinguish it are, that it crystallizes in prisms from its alcoholic solution, that it is but little soluble in water, that it is insoluble in ether, and that it is perfectly dissolved by potassa or soda; this distinguishes it altogether from narcotina, with which it may sometimes be found, but which is not the case when obtained by the process I have just attempted by description to explain to you; it gives a deep-red color to nitric acid, and one of the most beautiful blues to muriate of iron by candle-light, though it has a more greenish hue by day-light; these tests will fully distinguish it from all other of the alkaloids.

According to the excellence of the opium will be the quantity of morphia contained; about one hundred pounds of the drug will yield from one hundred and twenty to one hundred and fifty ounces of morphia, and, according to Robiquet, about six ounces of codeia will be obtained from one hundred pounds of opium also. The salts that have been ob-

tained by combination of morphia with acids that have been noticed are, sulphate of morphia, bisulphate, muriate, nitrate, phosphate, and acetate; and they are obtained by dissolving the alkaloid in diluted acids. Opium contains three other principles which may be considered neutral, neither possessing acid nor alkaline properties. Narcotina, the salt originally discovered by Derosne; meconia, by Couerbe and Dublanc; narceia, by Pelletier; and, lately, a fourth, by Couerbe, thebaia. Narcotina is found very abundant in many varieties of opium, sometimes as much is found as of morphia in others. The other three principles, meconia, thebaia, and narceia, exist in very minute quantities. Narcotina is procured by the action of hot ether upon opium, which extracts this principle in a pure state. It may also be precipitated from a solution of opium by means of caustic potash, taking care not to add more than may be sufficient to saturate the free acid. Narcotina is soluble in the acids, also in alcohol, ether, and the oils, and is crystallizable from them all; it has an intensely bitter taste. Meconia crystallizes in prisms, and narceia in silky crystals; they are obtained from the liquors of the first pressings of the muriate of morphia.

From the meconate of lime, which I spoke to you of as having been precipitated in the decomposition on making morphia, meconic acid is obtained. Meconate of lime is dissolved in concentrated muriatic acid at the boiling point, taking care, however, that it is not in actual ebullition; it is then filtered, and is repeatedly treated with muriatic acid, until it is completely destructible by heat. The meconic acid will then be obtained in reddish-brown scales, and to be made perfectly pure and white, it must be united with caustic potash, and a meconate of potash be formed, from which it must be repeatedly crystallized until it is perfectly white; it is then decomposed by frequent treatment with muriatic acid, and thus is obtained a perfectly white and pure meconic acid, which, by boiling, is converted into metameconic acid, by sublimation into pyromeconic acid. Meconic acid becomes a most delicate test for salts, soon producing an intense red color.

In the *Journal de Chimie Médicale* for September, 1835, will be found the observations of M. Pelletier on paramorphine and pseudomorphine; but I have had no opportunity of meeting with any English chemist who has gone over the same experiments, and, therefore, I can say little on the subject, but that he states, that paramorphine comes nearer to narcotine than to any other of the principles, and pseudomorphine to morphia.

In the *Journal de Pharmacie* for 1833, will be found Robiquet's observations on Dr. Gregory's mode of obtaining morphia, and likewise a translation of the original paper, describing the operation of which I have ventured to give a slight sketch, fully aware that the chemist only can explain fully all the steps. M. Robiquet has borne out the preference generally given to the process. Two advantages seem to result from it: the first, that a larger quantity of morphia is obtained, and the employment of alcohol, always so expensive in this country, avoided. M. Robiquet observes, that the first trial he made convinced him that the opium employed by Dr. Gregory, was of a superior quality to that

which has been used in France for some years, and not only that ours contains more morphia, but that the proportion of narcotine is considerably less. He expresses his want of information as to the causes that produce this, whether it be dependent on the species of poppy, the diversity of climate in which its cultivation is pursued, or upon the mode by which the opium is obtained, or upon some sophistication by adding the opium obtained from the indigenous plant. In order to satisfy himself, he wrote to Dr. Gregory for a specimen of the opium on which he had operated, and which was immediately sent to him, with an explanation, that, as the muriate of morphia was only employed by the medical men in Edinburgh, he did not attempt to obtain the morphia isolated, but in combination with the muriatic acid; this did not explain the difficulty that M. Robiquet had found in obtaining a larger quantity of the morphia. He concludes his paper by stating, that he thinks Dr. Gregory's process merits preference from its economy, its simplicity, and its facility of execution; but that he is inclined to believe that the larger quantity of morphia obtained is in some measure owing to the superiority of the opium which is found in this country; and he calls upon the Society of Pharmacy, where his report was read, to return its thanks for the labors of Dr. Gregory, which merit the approbation of chemists.

ICE IN DYSENTERY.

FROM A LETTER BY DR. DANIEL PARKER, OF MADISON, N. Y., TO DR. H. H. CHILDS, OF PITTSFIELD, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

AFTER some delay I communicate to you the treatment and termination of a case of dysentery which came under my care on the 26th of September last. Mrs. G——, aged 56 years, had been severely afflicted with permanent dysenteric symptoms since the 22d. When I first saw her she appeared almost in a state of *collapse of the cholera*; more action, however, in the system; the pulse small and frequent; tongue coated with a whitish fur; surface on extremities cold; great heat about the abdomen; sharp and shrivelled countenance; great pain through the whole alimentary canal; tormenting tenesmus, &c. &c. She had not been able to retain anything in the stomach longer than fifteen minutes for the last twenty-four hours, and the evacuations from the bowels were about as frequent as from the stomach. Those from the stomach were viscid mucus; from the bowels, of a briny appearance, rather copious. Commenced with an effort to warm the extremities, and applied a strong mustard plaster over the region of the stomach, after which attempted to produce a catharsis with Epsom salts, gum arabic and crem. tart. The stomach rejected every effort. The bowels would not retain an injection of any kind, mucilaginous, anodyne or astringent. I persevered about twelve hours, without effect. Prescribed *total abstinence* twenty-four hours, with no better effect. Almost despaired—called the case nearly hopeless. Reflected, and resolved to try *pounded ice* as another

means to arrest the present symptoms. I procured some at an ice-cellar in the village, and gave about half a dozen pieces, each as large as a kernel of corn or a white bean. It was retained. In about fifteen minutes repeated the dose, which was also retained. I persevered with the ice about six hours, with a charming effect. The stools continued frequent and briny. Prescribed an injection of ice-water, which operated like a charm—after which, anodyne and other injections seemed to have the desired effect, medicine was retained in the stomach, and a reaction produced in the system. Careful attention, after a few days, seemed to produce a convalescent stage, and she is gradually improving, with a prospect of an eventual recovery.

In this case nothing but the ice was different from other remedies in severe cases. A perseverance in counter-irritants and other remedies was continued for a long time. The case has produced considerable excitement (we have many supporters of the *pepper* system to contend with in this section) among the steamers and cayenne-pepper advocates; the result seems to confound their best friends. Respectfully yours, &c.

DANIEL BARKER.

EFFECTS OF CREOSOTE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In attempting to execute my promise to communicate something for your Journal, I shall at present briefly state two or three cases in which the active principle of tar-water (creosote) has evidently triumphed over every remedy that could be devised. I will add a *fourth case* by way of inquiry.

CASE I.—Harry, a colored boy, about eighteen years of age, was taken under my care in November last, for what was supposed to be white swelling in and above the knee-joint. Upon inquiry, however, it was ascertained that two or three years previous to my seeing him, a small fracture above the knee had occurred, by a waggon-wheel passing over the leg. The result in time proved to be an enlargement of the inferior end of the femur, constant swelling, much pain, and a discharge of matter. I commenced with the old method of poulticing, mainly for the purpose of promoting the discharge; and this was done principally in the use of slippery elm. It was hinted by a brother practitioner, that it would be well to touch the gums a little with calomel, and it was accordingly done. In the mean time I proceeded to blister to a large extent above and below the knee. The swelling seemed in a measure to subside, but the discharge still continued. As an occasional drink, I made a decoction of fresh sarsaparilla. The discharge of pus still going on (promoted indeed by the poultice), and there being no prospect of the sore being healed, I proceeded to the use of diluted creosote, which was injected with a small syringe. The consequence was a speedy change in the nature of the pus, and small bits of a gristly character were thrown out. It is presumed that healthy granulations were formed

within. The sore has healed up, and the boy is as active and useful as ever.

Query.—Would the creosote alone have been sufficient?

CASE II.—A lady, about thirty-five years of age, had undergone much inconvenience, and even misery, from a scurly, crustaceous kind of scald, which some called a tetter, and which threatened to traverse the entire scalp. After shaving or cutting the hair, successive applications of creosote completely dissipated the evil. A decoction of sarsaparilla was at the same time ordered, but not faithfully used.

Query.—Is there any fixed period for the creosote to produce its proper effect in such cases?

CASE III.—A colored man had a severe toothache, and called to get the tooth extracted. It being greatly decayed and broken, the instrument would not grasp it. Upon the application of a little cotton moistened with creosote, the pain soon ceased and has not returned.

We have been cautioned against the use of creosote for the toothache, lest it should occasion a paralysis. My own impression at present is that nothing but a careless and improper use of it, would produce such an effect.

CASE IV.—A young man of about twenty came under my care, who had partially recovered from what was called a bilious fever, and who was suddenly attacked with severe pain and great swelling in one leg. He has recovered in a measure, but the leg, it is said, still swells a little occasionally. I state this case to yourself, and your numerous correspondents, for the purpose of asking, wherein consists the propriety of calling this a misplaced fever? I would ask, again, did not this arise from exposure, or some unadvised exertion of the limb? I propose these questions, because such cases have been pronounced fatal.

Falmouth, Stafford Co. Va. Jan. 30, 1837.

H. F.

P. S.—The Richmond Enquirer says, “The Aurora Borealis made its appearance last night (25th Jan.) at early dusk, and continued till about eight o’clock. It was a singular and beautiful exhibition. It appeared in the north and north-east portion of the heavens, sometimes almost disappearing, and then returning, and gradually diffusing its *blushing tints* almost from the horizon to the zenith. It startled some by its occasional almost *blood-red appearance*—aroused others—and interested all.”

We have as yet obtained no satisfactory explanation of the *blood-red* or *blushing tints* or streaks of this phenomenon. I should like well to know what the philosophers of Boston and Harvard think of this matter. The moon rose about sixty minutes after the phenomenon disappeared, but it is thought had no concern with the matter by refrangibility or reflectibility. There were *red rays* and *white rays*, or, as I have called them, *red streaks* and *white*. It seemed to have a peculiar motion, by which the intensity of its color was changed or varied. Its appearance, seventy or eighty miles north of Richmond, was very like to the statement in the Enquirer. The atmosphere was intensely cold at the time of its appearance.

REMARKS ON ITINERANTS.

[Communicated for the Boston Medical and Surgical Journal.]

NO. IV.—MEMOIR OF DR. ARRAS.

THERE are characters so exalted that calumny cannot reach them, and there are others so low that detraction cannot hurt them. Franklin and Washington are specimens of the first class, and the person whose name is at the head of this article of the second. As well might we undertake to blot the sun from the sky, as to injure the fame of the former; and as well might we undertake to make impressions in a bag of cotton by firing at it with a pop-gun, as injure the respectability of the latter. Like the soldier whose face was so sharp that the ball glanced by without injuring it, Dr. Arras, lucky soul, dared the fury of his opponents, because he was too diminutive to be hit by whatever weapons they deigned to make use of against him. He was diminutive in bodily dimensions, and diminutive in intellect. In the hey-day of his youth, his corporeality would have exceeded a hundred by a score; but at the time when this narrative commences, it had dried away to the amount of the last twenty pounds. We might well say that it had dried away, for while the sinews and muscles belonging to it looked firm and tense, his limbs and whole body were shrivelled. His head was of a triangular shape and of the magnitude of a cocoa-nut; the color of his face was of a purplish blue, and his features and whole physiognomy were of the kind which presupposed him to be endowed with as much intellect as a mouse. His gait was slow, his step soft, and his motions noiseless; his voice was small, fine and squeaking; his dress was threadbare, tattered, and of such a kind as beggars would be likely to pick up among snug country farmers.

At the time now spoken of, the thought had not once entered his imagination of being a doctor. He had a wife who struggled hard to buffet the ills of life, and three small children who fared hard upon the scanty pittance afforded them by their parents, who had settled recently in a place called Scarborough Woods, where resided ten other families as devoid of the good things of this life as his own.

When he had resided in the place a month or so, one of his neighbors, from the circumstance of his having lived with a physician when he was a boy, called him doctor. Soon others called him so, and at length the title adhered. He now began to think he was a doctor. He laid such a tax upon his sensorium that he recollected many words and phrases used in his hearing by the physician he lived with. He recollected enough about the names of medicine to call calomel calomy, ipecacuanha apeack, tartrite of antimony tartarigatum; enough about the names of diseases to call bilious colic and bilious fever, rebellious colic and rebellious fever. Strangury he called the strangles, and fluor albus the flower of the albus. Administering an injection he called giving an interjection. He thought not enough about the remedy just named to resolve upon using it in practice. "Poticaries," and especially "calomy," he denounced.

The reader will perhaps be surprised to be informed that he resolved upon practising medicine in any form, and especially that he had sagacity

enough to denounce "poticaries, calomy," &c. These things he did resolve upon, however. He had heard himself called doctor so much, that he thought there was some meaning in it. He had seen with what facility physicians of a certain class succeed in getting into business, and thought that anything would make such a doctor. He wiped up a little, put a smile upon his face, and learned to speak a number of smart things. He tried to be polite, and though he made bad work of it at first, he succeeded so far as to imitate what was considered politeness forty years before. He changed his moping walk into a strut. To remedy his diminutive size, he stretched himself in longitude, swelled in the equatorial region, and strided largely when he walked. Like the frog in the fable, which in trying to be a cow, distended itself until it burst, he, with better success, distended himself until he got to be a doctor.

He knew what magic there was in the name Root Doctor, and he selected this for his title. Physicians in the country, from the necessity they are under of carrying medicine with them, formerly used a small pair of saddle-bags. Now, as they generally ride in a light gig, they use a trunk. He provided himself with a very large pair of saddle-bags, which, when stuffed with "roots and yerbs," would almost load a wheelbarrow. That which too often betides those who are at the trouble and expense of providing themselves with a knowledge of their profession before they commence practice, a long delay in getting into business, betided not Dr. Arras. His name was proclaimed upon the house top. His fame spread like wild fire. His skill was so highly estimated, that he could not attend to one of a dozen of the calls which rushed in upon him. Dr. Arras was all the toast. Before, it was Old Arras, and spoken in such a manner that the initial A sounded like H, and the s at the end of the name like a mute, or silent letter. A physician like Dr. Abernethy would have met with some cases that would baffle his skill; but Dr. Arras had too much the mastery of his profession to be drawn into such straits. Other physicians know not always what to call their diseases; but Dr. Arras always had a name at hand. Some of his names were too hard to be remembered by any but a physician of his own stamp. A considerable class of disorders was disposed of under the name of scrofulous affections; another under the name of humors of the stomach. Fevers presented themselves in multitudes, and some of his patients would be burthened with five at a time. One poor man was cured of twenty before he would stay cured. As soon as one, by dint of penny-royal or elacumfernel root, was compelled to yield, another stood ready to take its ground.

Thus was an individual, that never spent a moment of time or a cent of money in qualifying himself, enabled to do business enough to make any other person wealthy. It had not this effect, however, upon him. A propensity to which he was always accustomed, to drink all the cider he could get, rendered him careless about laying up anything, and he still grovelled in poverty. A singularity in regard to this was, that notwithstanding he was as numb as a stick two thirds of the time from cider, and as numb as Nature made him the other third, it affected him not in regard to his reputation as a physician.

Reader, this is not mere caricature. It is no fancied sketch. It is not fiction. It is not merely a general representation of a particular class of physicians. The individual it purports to be a history of, has a name and a local habitation upon terra firma. There is nothing exaggerated about it, nor aught set down in malice. It will apply to other individuals, however, and others may be thought the particular individuals singled out by the author.

F.

DELIRIUM TREMENS.

THIS interesting subject occupied the attention of the London Medical Society at their meeting on the 31st of October last.

Dr. Clutterbuck considered delirium tremens to be merely a symptom of disordered brain. The symptoms of brain affections, he said, were almost innumerable, arising, probably, from the brain consisting of a variety of organs, each differing in structure and function. There were scarcely two cases of brain affection alike; the pathological symptoms, however, were very few, and those generally, almost always, indicated that inflammation, or its consequences, existed. The excitement of vascular action, by alcohol, did not necessarily produce inflammation, but if carried too far, inflammation occurred as a secondary step. Delirium tremens was the result either of temporary vascular excitement, or a consequence of this slow inflammation acting on the brain, and, so far as his experience had gone, was generally best relieved by small blood-lettings, and antiphlogistic treatment, according to the modification of the disease. There were some cases in which the strength was so much reduced, that blood-letting could not be resorted to, but in these, leeches and cold water to the head, with aperients, might be used. Opium he had seen occasionally do good, but in certain instances in which he had tried it with stimulants, he had returned to the antiphlogistic treatment. There was, however, no general rule to be laid down, for we found, by experience, that some cases were best treated by stimulants; this was no proof that inflammation had not been present. He considered the opinion that delirium tremens was a state opposed to inflammation was not borne out by experience; the state of the system, the fever, the furred tongue, the hot skin, and the suffused eye, all denoted the presence of inflammation in some part.

Mr. Honeywood, fifteen months ago, had been called to a patient who had labored under a peculiar state of brain for a long time, being subject to erroneous impressions, not amounting to insanity, and not the result of drinking. The friends of the patient had tried to laugh him out of his mistakes, without effect. Small doses of Battley's solution were given, and in three months he went about his usual business. He continued pretty well until about a month ago, when some of his erroneous impressions returned. This day fortnight he went to Ramsgate, and the symptoms returned. He had no recollection of being on board the steamboat, and when he arrived at Ramsgate, he was perfectly insensible and

knew no person. The former remedy was employed, and he soon got well.

Mr. Roberts said, it was difficult to say whether inflammation was present or not, some persons considering all affections of the brain inflammatory. He remembered a case of inflammation of the brain, attended with great pain in the interior of the head, and high delirium; the patient, a gentleman, was bled daily for four days, to syncope, and leeches were applied, without benefit; the pain returned with great restlessness and irritation of manner. On the fourth day a full dose of opium was given, and he got better from that time.

Mr. Bryant had attended a man who was suffering from delirium tremens, who had been a confirmed spirit-drinker, and who was not in a state to allow the abstraction of blood. In three days he died. The brain was free from every pathological sign of inflammation. He (Mr. B.) thought that there was a condition of brain which was totally distinct from inflammation, but in which the symptoms of delirium tremens were present. The nerves, they all knew, were disturbed in various ways, without inflammation being present, and why might not the brain, of a structure so similar, be affected in the same way? There were not always marks of inflammation of the brain in cases of delirium tremens.

Dr. Clutterbuck said, that there might be excitement and disorder of the brain without inflammation, but when the brain was habitually excited by the same cause, inflammation arose, and effected changes in it, which, though not always observable, were sufficient to produce the symptoms of delirium tremens.

Dr. Whiting could not come to the conclusion that vascular irritation was the cause of all irritation. He thought that there might be nervous irritation without the vascular system participating in the disorder. For instance, the brain might be excited in an inconceivably short space of time by mental emotions. He thought, however, that the vascular system generally suffered, though not in the same degree, and, in some instances, to no appreciable extent, even when the nervous system was greatly irritated. The brain might be disturbed by plethora, not the result of previous inflammation, and where there was decreased instead of increased action; he conceived that in delirium tremens the capillaries were in the same state in the brain as they are in the red nose and the eye of the habitual drunkard, which, however, were not considered to be inflammatory. In some cases inflammation might come on in the brain as the consequence of this disordered state of the capillaries, and might prove highly dangerous. The practitioner was fearful of taking blood, remembering the former symptoms. He never remembered a fatal case of delirium tremens in which there was not effusion. He had invariably found a large quantity of blood present on such occasions.

Mr. Clifton and Mr. Hooper said that they had found the treatment by opiates the most effectual.

Some conversation took place respecting the properties of opium, and its salts. The president considered that there was no decided evidence of opium acting as a stimulant. Its proper effect was sedative, producing sleep. Respecting *narcotine*, he was quite sure that it was not a stimu-

lant. He had tried various experiments with it, and he had found no appreciable effects produced on the system by its administration.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 15, 1837.

BAYLE'S ANATOMY.*

ELEMENTARY works on the subject of anatomy should always meet with encouragement: they are stepping stones, by which progress is made in all the departments of practical medicine and surgery—and therefore actually possess direct claims upon the very highest and soundest class of medical readers. Dr. Doane, of New York, whose name is now quite familiar to men of science in this country, as an able translator of five valuable publications from the French, before the appearance of the one to which this notice refers, bears personal testimony to the value of this little volume by M. Bayle, an eminent adjunct professor of the Faculty of Medicine at Paris. Before it fell under the eye of Dr. Doane, its reputation in Europe was well established, and it had even been translated into different continental languages. It is curious, in connection with this fact, that Bayle's Anatomy is a text-book in the Egyptian School of Medicine. Clot Bey, in adopting his friend's system, as in everything else, since he has enjoyed the distinguished patronage of Ali Pasha, exhibited a good judgment and discrimination.

One of the principal excellences at once discoverable in the text of this work, is its conciseness and accuracy—reminding us of Mr. Fife, who had the art of condensing more matter into an atom of space, than almost any other author in the English language. Although M. Bayle understood the process of diminishing things, he is not quite so skeleton-like as Dr. Monro's demonstrator. It is to be regretted that the Harpers, who do everything nobly in the literary way, did not interleave about thirty lithographic illustrations—those necessary guides for the student. But that would have enhanced the price, which is now so trifling that no one should think of being without it. What is one dollar and twelve cents for a neatly-executed duodecimo of four hundred and seventy pages, containing all the discoveries of past ages in the science of anatomy? It is of a convenient size for the pocket, and consequently adapted to the lecture room or the dissecting table. Fully anticipating the entire success of Dr. Doane's enterprise in adding this volume to the accumulating catalogue he has so rapidly produced from the bibliographic treasures of other countries, we would respectfully recommend to him to remember the value of *plates*, in the next edition. We understand it is now on sale at most of the Boston bookstores.

* An Elementary Treatise on Anatomy, by A. L. J. Bayle, M.D. Adjunct Professor of the Faculty of Medicine at Paris. Translated from the fourth edition of the French, by A. Sidney Doane, A.M. M.D. New York, published by Harper & Brothers, 1837. 12 mo. pages 470.

INVESTIGATIONS IN MEDICAL SCIENCE.

By order of the Medical Society of Cincinnati, "*An Oration on the guidance of a sound philosophical spirit in the investigations of medical science*," delivered by John P. Harrison, M.D., on the fourth of January last, has been published, and a copy has been forwarded to us by the author. It is an elevated production, giving us a most favorable opinion of the powers of Dr. H. ; and the Society, in circulating so good a specimen of western talents, will gain laurels for itself.

Dr. Harrison has neither copied the language of his predecessors or cotemporaries—nor has he made the attempt to shine in any way by borrowed light. Bold, dignified, and consistent in every page, he impresses the reader with the purity of his own active mind, while he pursues a train of reasoning which must meet the approbation of thinking men. Much fault has of late been found with medical writers in this country, because they so generally manifest a disposition for controversy : we do not, however, admit this to be true. That individuals are occasionally chargeable with this fault, must be admitted. Some gentlemen seem to be constitutionally prone to fault-finding, and delight in an endless war of words, simply because it is their only mode of making themselves distinguished. Dr. Harrison discovers himself, on the contrary, to be a peace-maker, by showing what the true objects of science are. And while inculcating principles in medical practice, he conducts those, who are willing to be guided, to the only source of happiness and positive usefulness.

But this was only intended for a paragraph to acknowledge the reception of the oration. Another day we propose to make such extracts as will be most likely to interest that class of readers for whom the whole was originally designed.

Charitable Institutions.—A Joint Standing Committee of the Legislature of this State, now in session, have recently visited the Eye and Ear Infirmary, in Green street, Boston, and were greatly interested in the character and usefulness of the institution. Dr. Jeffries, a few days before, made an interesting plea in behalf of the Infirmary, which deserves to be published. The Asylum for the Blind, in Pearl street, came next under the cognizance of the Committee. We shall be more exact in detailing the particulars hereafter, not feeling at liberty to anticipate the report that will probably be made to both houses. Thirdly, the Insane Hospital at Worcester engaged the attention of the Committee for a considerable time. It is needless to say that the establishment is in fine condition, dispensing charity with an open hand. We shall give the results at another time.

The Boylston Medical Society.—A catalogue of this interesting and truly enterprising association, has recently come from the press. The society was formed on the sixth of January, 1811, and incorporated by an act of the Legislature, June 13th, 1823.

"It is composed of gentlemen, who, at the time of becoming members, are students at the Medical School of Harvard University, although under peculiar circumstances, others may be admitted by an unanimous vote. The meetings are holden weekly during each course of Lectures

at the Medical College, and for the remainder of the year, so often as the Society shall from time to time determine. The principal exercises of the meetings are, a dissertation, which is read by each member alternately, and the discussion of some medical question. Ward Nicholas Boylston, Esq. from whom the Society took its name, with his characteristic liberality made provision that the value of twenty-five dollars—in money, books, or instruments—shall be awarded in a premium for the best medical dissertation offered during the course of lectures; or fifteen for the best, and ten for the second best, if deemed expedient. The funds of the Society, after defraying its incidental expenses, are appropriated in prizes for the best anatomical preparations made by members, and in prizes for such other purposes as the Society shall direct."

Two hundred and eighty-six names have been enrolled since the organization of the Society. Nineteen of these have been professors and lecturers in various medical institutions—and only six of these nineteen have died. Without an exception, they were highly talented and useful men, who exerted a beneficial influence in society, and raised themselves to professional distinction. Only forty-two deaths have occurred, as marked by asterisks, from 1811 to 1837.

The Boylston Medical Society is entitled to great praise for its perseverance and industry. Long may it flourish with increasing reputation.

American Medical Association.—By reading an account of a convocation at Southampton, England, for the purpose of forming a southern branch of the Provincial Medical and Surgical Association, it brought strongly to mind the importance of forming a great National Medical Society, which we have repeatedly urged through the pages of this Journal, upon all true friends of medical science, in the United States. If some manifestations of interest towards the accomplishment of this desirable object are not made within the present season, we shall be compelled to acknowledge that there is no spirit or energy remaining among us. Nothing could contribute so effectually to a perfect system of professional good fellowship as this; and the good influence which would be exerted throughout the union by a National Medical Society, cannot be calculated.

Tuliacotian Operation.—Some time since mere mention was made of the fact that this operation had been performed in Boston. We have examined the patient, and had a detailed account of all the circumstances relating to the obvious necessity for attempting the restoration of the organ. It is now a bold Roman nose, firmly united in every direction. The wound on the forehead has been healed—so that one unacquainted with the particulars of the case, would hardly credit the assertion that so much as now constitutes the patient's new facial superficies was taken from above his eyes. It is curious that the sensation of touch at the extremity of the nose, is referred to the highest region of the forehead. A minute report, from the ingenious operator, is in preparation for the Journal, and therefore we choose not to anticipate his design by further remarks.

Copland's Medical Dictionary.—To the inquiries which are repeatedly made respecting the third part of this work, we regret that no satisfac-

tory answers can be given. It is well known that it has been stereotyped in this city, and that the plates are retained by the typefounders as security for payment. What progress, if any, has recently been made towards striking off an edition for subscribers, is unknown to us. Part IV. has not yet been published, we believe, in England.

Boston Bill of Mortality.—At an adjourned meeting of a Committee of the Boston Medical Association, at the Mayor's office, on Tuesday, Feb. 7, some progress was made towards the accomplishment of a desirable alteration in the nomenclature of the bill of mortality. The Board of Aldermen seem perfectly disposed to meet the wishes of the Association, and a better constructed table of mortality may hereafter be expected.

The Blind in Ohio.—It has been ascertained by investigation made in the State of Ohio, preparatory to measures for establishing an institution for the instruction of the blind, that in fifty-nine counties there are 287 blind persons, of whom 160 are males and 127 females. Of this number 60 are under 16 years of age, and 29 are from 16 to 25; 72 are in easy circumstances; 74 are poor; 67 are supported by friends, and 20 at the public charge.

New York Infirmary for Diseases of the Skin.—Drs. John W. Schmidt, Minturn Post, and Charles Porter, are the physicians of this excellently devised institution. It has long been a matter of surprise with us that some two or three medical gentlemen have not united in establishing an infirmary of the same kind, and upon the same plan, in Boston. Its success would be very certain—for the multitude who would be seeking advice is far greater than is generally imagined. Fort Hill, of all other places in the town, appears to be the most suitable locality, and we again urge it upon the consideration of some of our enterprising young physicians to make an immediate move in the business, before some stranger steps in and engrosses the practice.

Diseases of the Teeth.—If there is a good treatise extant on the diseases of the teeth, written in the United States, will some one have the kindness to inform us by whom it was written, and where published. Further, is there a work on operative dentistry, of a domestic origin, in this operating country? These questions are propounded with a view to ascertaining the facts. Our impression is that no such works exist. We are desirous of seeing something from such men as Dr. Flagg and Dr. Harwood, of this city. They are practical anatomists, and perfectly conversant with the whole dental domain.

TO CORRESPONDENTS.—McIntosh's Practice, a new and valuable edition, with notes by Dr. Morton—the Annual Report of the Insane Hospital at Worcester—Dr. Hamilton's Address before the Students of his Private School of Anatomy, at Auburn, N. Y., will each have a separate notice as soon as room can be found for them.

DIED.—At New York, William Hamersly, M.D. aged 72, an eminent physician of that city—a biographical sketch of whose life it would be highly gratifying to obtain.—In Litchfield, Dr. Joseph N. Pigin, aged 28.—At Mt. Hope, Orange Co. N. Y., Dr. Silas Loomis, aged 63.

Whole number of deaths in Boston for the week ending February 11, 40. Males, 16—females, 24.

Dropsy on the brain, 2—consumption, 5—lung fever, 4—rheumatic, 2—aneurism, 1—convulsions, 2—infantile, 2—canker, 1—croup, 4—burn, 1—inflammation of the lungs, 1—nortification, 1—delirium tremens, 1—smallpox, 1—cancer, 1—typhus fever, 1—apoplexy, 1—dropsy, 1—throat distemper, 1—bowel complaint, 1—inflammation of the bladder, 1—inflammation of the brain, 1.

VERMONT MEDICAL COLLEGE, AT WOODSTOCK, VT.

CONNECTED WITH MIDDLEBURY COLLEGE.

(Incorporated by the Legislature of Vermont, October, 1835, with the power of conferring degrees.

THE Annual Course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

H. H. CHILDS, M.D.	- - -	Theory and Practice of Medicine and Obstetrics.
GILMAN KIMBALL, M.D.	- - -	Physiology and Surgery.
DAVID PALMER, M.D.	- - -	Chemistry and Materia Medica.
ROBERT WATTS, JR. M.D.	- - -	Anatomy.
NORMAN WILLIAMS, A.M.	- - -	Medical Jurisprudence.
D. C. PERRY, M.D.	- - -	Demonstrations in Anatomy.

The usual number of Lectures will be five, daily—besides the Demonstrations in Anatomy, and occasional evening examinations.

Considerable additions are now making to the Chemical apparatus; and opportunities will be furnished to students for practical anatomy, arrangements for that purpose having been made last year in the city of New York.

No subject for dissection will be received from any person, on any terms.

Fees for the course, \$45. Graduation, \$18. For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Pierce, Esq., Treasurer of the Institution. Board is usually furnished at \$2 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study.

Degrees will be conferred at the close of the lecture term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation.—Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. For particulars relating to private instruction, students are referred to the annual catalogues of the School.

By order of the Trustees,

NORMAN WILLIAMS, Secretary.

NOTE.—The Annual Course of Lectures at the Berkshire Medical Institution commences the last Thursday of August, at Pittsfield, Mass., and continues thirteen weeks.—Fees for the Course, \$50. Feb. 14—1M9

A BARGAIN.

A PHYSICIAN in the County of Kennebec (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

tf

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

Nov. 30.

MARSHALL S. PERRY, M.D.
AUGUSTUS A. GOULD, M.D.
HENRY I. BOWDITCH, M.D.
HENRY G. WILEY, M.D.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, FEBRUARY 22, 1837.

[NO. 3.]

CASE OF FRACTURE OF THE FEMUR SUCCESSFULLY TREATED ON THE SPLINTLESS METHOD.

BY JOHN JOHNSTON KELSO, M.D. LISBURN.

SARAH PHILLIPS, ætatis four, whilst amusing herself with some companions, on the 10th of October, received a fall from a cart. Some time afterwards I saw her, and found that she had got an oblique fracture of the femur, about the junction of the lower two thirds of this bone with the upper third. There existed considerable tumefaction, with some pain about the seat of injury, the effect of violence inflicted by one of the relatives of the child, who, mistaking the real nature of the accident, had employed rather forcible traction of the limb. Having reduced the fracture, the extremity was laid on a pillow, stuffed with finely-curved tow, on which the eighteen-tailed bandage had been previously placed. The tails of the bandage having been lapped around the thigh, of a moderate tightness, there was then applied two thin slips of wood, of about ten inches long and two broad, as a set-off against splints, which are considered by the people as indispensable. These having been bedded with tow, so as to defend from their contact the immediate seat of injury, they were bound down at either end by tapes. Finally, the edges of the pillow were drawn a little up towards the sides of the extremity, by bands of calico, and so adjusted underneath by padding as to bring the limb to that easy bent position in which the muscles are most relaxed.

Second day.—The limb is much swelled, hot, and very painful, more especially about the seat of fracture, accompanied with general restlessness, and impatience of confinement, on the part of the child. It is thus extremely difficult to preserve anything like quietude in the injured part. *The superacetate of lead lotion is to be assiduously applied to the limb.*

Fifth day.—Circumstances, over which I had no control, prevented me from visiting my little patient till to-day, when I with regret discovered that things had not gone on so favorably as my anticipations had led me to expect. It is true, the tumefaction, heat, and pain, have, in great measure, subsided, but the fracture is displaced, the extremities of the bone are riding upon each other, and the limb quite crooked. This state of things arose from the foot having slid off the edge of the pillow during the tossings of the child, without being replaced. The

fracture was again reduced, and the limb put up as before, charge being given, at the same time, to the immediate attendants on the child, to preserve the limb as nearly as possible in the position in which it was now left.

Sixteenth day.—Since the date of the last report the fracture has rapidly progressed towards complete re-union, in the absence of all local pain or uneasiness. The callus is now so firm as to allow the little patient to elevate its limb from the pillow on which it reposes, and even to throw it about playfully. But in order to guard against unnecessary or rash movements, until the callus becomes more firm, I thought it prudent to apply to the extremity a rather long piece of slender wood, with a circular roller, as a precautionary measure against any untoward accident which, in some of the child's playful moods, might otherwise possibly befall it.

Remarks.—This case affords another convincing example in favor of the method advocated by Mr. Radley in the treatment of fractures. And when we reflect how frequently these accidents occur, and the greater or less suffering which they usually excite, no one can view with indifference the proposal of a method of treatment recommended so powerfully by its simplicity, and its freedom from producing local pain or uneasiness, contrasting strongly, as it does, with the common practice of the day, as sanctioned by the greatest names which adorn the profession, both in this and other countries.

The case, also, I am inclined to believe, possesses some additional interest, from the circumstance of its occurring in so young a subject, who, with more than the ordinary restlessness of habit of its years, and devoid of judgment in regard to the right rules of management, which should have been implicitly adhered to, was, it will be conceded, peculiarly ill adapted for being the subject of experiment. Add to this the general and reprehensible negligence evinced on the part of the nearest relatives of the child, and our wonder at the successful termination of the case will not be a little increased. In proof of the justness of what I have been now stating, I may merely allude to the fact of the palpable displacement of the fracture, and the evident crookedness of the member, on the fifth day of the accident—a state of matters which was, in some degree, anticipated, from the feverish excitement and restlessness of the child, but which might, I think, have been easily counteracted by proper attention to that right management which the circumstances of the case so imperiously demanded. Nor was any the least intimation given to me on the subject of the occurrence. It would be wholly unnecessary to remark—were it not to anticipate an objection which may possibly be urged against the adoption of a practice that demands the closest observation, opposed, as it may be considered to be, to any such inconvenience attending the one in common use—that in country practice, however urgent the case may happen to be, professional visits must be always irregular. This objection, however plausible it may at first view appear, only holds good, if, indeed, it can hold at all, in those cases where the subjects of the accident in question are of so tender an age as not to possess understanding; for individuals of maturer years, en-

lightened by reason and experience, will hardly fail to afford to their case the necessary attention, under a system of treatment which dispenses with a farrago of surgical apparatus, relieves them from a greater or less amount of painful sufferings, and, as a limited experience would seem to prove, expedites considerably the cure.

It will be observed that on the sixteenth day from the receipt of the injury, and on the eleventh from the second reduction of the fracture, the callus was so firm as to allow the little patient to move about the limb pretty freely. And after the tumefaction and pain which had been induced at first by the gross violence to which the injured thigh was subjected, had once fairly subsided, there occurred nothing afterwards to impede the rapid progress of the cure.

In effecting union of fractures, there are three essential elements, viz. rest, correct position, and a particular quantity of constitutional energy, so as to be capable of determining a relative amount of local reparative action.

Every one is aware of the good effects of rest, more especially in the earlier stages, in favoring ossific union; and whether this be broken in upon by general restlessness on the part of the patient, or, what is infinitely more common, by local irritation, from one or more causes, exciting to more or less muscular action in the injured limb, the effects are equally injurious. The recognition of this important principle is comparatively modern, and undoubtedly constituted a new era in surgical science. But we are mainly indebted to Mr. Pott for his eloquent advocacy of the great utility of complete quietude in the treatment of the accidents in question. And since the amount of repose was discovered to bear a certain and fixed *ratio* to muscular relaxation, the question naturally arose in the mind of Mr. Pott, whether it was not possible to effect complete relaxation of all the muscles of an extremity, by placing it in the easy bent position? Advocating, however, as the great English surgeon did, the affirmative of this question, the generality of the profession are justly opposed to such a doctrine; but all concur in believing that the greatest possible relaxation of all the muscles results from that position in which the extremity is moderately semiflexed, the thigh upon the pelvis, and the leg upon the thigh. Holding, then, in view this important principle, it is matter at once of surprise and regret, that it should not have been earlier turned to account in the treatment of fractures; for the method promulgated by Dessault, preferred, as it almost universally is, in France, and pretty generally adopted in these countries, is, confessedly, based upon the principle of coercing or restraining muscular action, the avowedly great opponent of ossific union, by a mechanical apparatus. A little reflection, however, must have shown that this practice, which I, too, have occasionally adopted, is better calculated to display the triumph of surgical genius than the promotion of the curative efforts of nature by scientific means, and with reference to ease. It is both difficult and painful, to a greater or less extent, to subdue muscular power, not to mention the insuperable inconvenience of the most approved mechanism by which that end may be attained. Besides, reasoning, *à priori*, would lead us to expect what experience goes to con-

firm, that those muscles which are thus subjected to a species of coercion or torture, are much longer in regaining their wonted activity than if they had been reposing all the while, under the placid system of relaxation.

True it is, we have the fracture apparatus of Sir. C. Bell, and the real improvement upon that by Mr. Earle, by which the limb may be retained in the easy bent position, during the process of curation. This was certainly an important improvement, not as regards simplifying the surgical apparatus, but by relieving the patient from the indescribable uneasiness of the straight posture of the limb, for an indefinite length of time, and the greater or less sufferings from continued extension. In this method short splints are only admissible. An able reviewer, in the October number of Dr. Johnson's *Review*, has defined "*short splints applied only to the thigh, as not being treatment with splints,*" and there can surely accrue nothing of disadvantage, to say the least of it, in abandoning them altogether; and as there can be no magic in the wood on which the limb reposes, any more than in the pillow, the innovation of the pillowy method must surely be invaluable, as being so much more congenial to the sensations of the patient.

Next in importance to rest, is the apposition of the extremities of the fractured bone; and it is a well-ascertained fact, that the more correct the apposition is, the union is effected not only more speedily but more solidly. The fracture having been properly reduced, the reaptation can only be disturbed through the agency of the muscles; and if these organs can be invited to repose, as it is admitted they may be, by an appropriate system of management, such a procedure will surely be preferable to one operated through the agency of physical force.

With regard to constitutional energy, I have to remark, that we are sufficiently conversant with the principal phenomena characteristic of the state of system to which the above conventional term is applicable, although we are completely ignorant of the real amount of vigor absolutely necessary to the perfecting of ossific union. Fractures, it is well known, unite with different degrees of celerity, under circumstances, so far as external appearances are concerned, very nearly the same, and there are peculiar states of the system, besides those generally admitted, which effectually oppose the reparative act altogether. Were it even possible to ascertain the cause, or series of causes, which lead to such results, the newly-acquired knowledge might, perhaps, prove of but trifling advantage; but management, both general and local, has, I am satisfied, more to do in these cases than is generally believed. And in cases of non-union, I am equally convinced that there is generally too much attributed to defective constitutional vigor, &c., and too little attention paid to those minor, more trivial, indications, which legitimately fall within the province of surgical art. In proof of the correctness of what has here been asserted, I could adduce, were it necessary, some cases in point, from personal observation; and, in conclusion, I would observe, that whatever method of treatment the practitioner, in his judgment, may choose to adopt, the more insignificant (*unsurgical*, if you please) points of management should not be overlooked, in his

eagerness to approach to absolute perfection in the more prominent and strictly surgical.—*London Lancet.*

CASES OF COLICA PICTONUM.

BY L. A. DUGAS, M.D., PROF. OF ANAT. MED. COLLEGE OF GEORGIA.

CASE 1st.—M. J., about twelve years of age, apparently of a good constitution, and an apprentice printer, was taken in July last with pain in the bowels, which gradually increased in intensity until it became excruciating. It had continued thus more than a week when I saw him, and learned that the most powerful cathartics had, during this time, been administered liberally without the slightest alvine effect. I found him writhing with agony; the pain had extended to the lower extremities, but especially to the feet; his system evinced no febrile action; his tongue was normal; in short, he presented every symptom of colica pictonum, to which his avocation exposed him. Having long since considered this a nervous affection, although the effect of a specific agency, I examined carefully the condition of the spine, but detected in it not the slightest tenderness when subjected to pressure, percussion, and lateral motion of the vertebræ. This circumstance deterred me from immediately directing my treatment to this region, and a few cathartic pills and a sinapism to the abdomen were ordered. On seeing him the next day, I found that the pills had not operated and that his sufferings were unmitigated, notwithstanding large doses of laudanum had been added to my prescription, during the night, by the lad's mother. I now ordered a blister to be applied to the spine, extending from the middle dorsal to the last lumbar vertebræ, and three inches wide; also another dose of the cathartic pills to be given whenever the vesication should commence. On my next visit, the following day, I had the gratification to find my patient perfectly free from pain; the blister had drawn finely, and the cathartic had acted kindly. Convalescence was rapid, and the boy returned in a few days to his former occupations, without any other remedy.

CASE 2d.—M. B., an apprentice printer, about fifteen years of age, has had several attacks of colica pictonum, at intervals of about six months. Called to him on the ninth August last, I found him laboring under a violent return of this disease. The feet were also affected in this case. No tenderness of the spine. A dose of oil and a sinapism to the abdomen were ordered, and remained without effect. On the tenth, finding the pulse full and resisting, at the same time that a tendency to stupor and delirium was manifested, twenty ounces of blood were taken from the arm, and the oil repeated. No diminution of pain having taken place, in the evening the dorsal and lumbar spine were freely cupped. Eleventh. Passed a much better night than usual and feels much better, though not entirely relieved. A blue pill to be taken morning, noon and night. Twelfth. Pains have returned with redoubled violence, delirium and slight convulsions from excessive suffering; bowels have been

slightly moved; cups reapplied to the spine, and a blister over the cupped surface at night; blue pills continued. Thirteenth. Blister has drawn well; relief is complete. The bowels were now opened with oil, and the case discharged the next day.

CASE 3d.—This is a return of the disease in the subject of the first case. It occurred on the twentieth October, with precisely the same symptoms it had before presented. The costiveness had been endeavored to be removed by oil, &c., on the first day of the attack, but in vain. I immediately ordered a blister to the spine, which gave relief as soon as it acted—a cathartic then administered, acted without difficulty, and the case was discharged well the second day. Here the spine presented no tenderness.

Remarks.—It will be noted that the spine in neither of these cases, evinced the slightest sensitiveness; yet revulsives applied to it were invariably and promptly followed by the most decided relief. We may infer from this circumstance that the poisonous effects of *lead* are principally manifested in the sympathetic nerves, and that it is because of their free communication with the spinal marrow, that revulsives applied near this column act so advantageously. Indeed it would seem that the disease may in some instances extend, by continuity of substance, or otherwise, from the sympathetic nerves to the spinal marrow itself, thus accounting for the pain of the extremities, and even loss of motion, which so often complicate colica pictorum.—*Southern Med. Jour.*

AUSCULTATION.

[THE following remarks, from the Worcester Palladium, are certainly very sensible. If they were particularly intended for medical readers, it would have been better had they been sent directly to this office. It is with an expectation of hearing from the writer in the way of an original communication, that a republication is given to this short article, which might be more elaborately written upon with manifest advantage to the profession.]

It requires an industrious man to keep up with the progress of knowledge, even in the profession with which he is most conversant; but in no part of the wide field of investigation has this remark so much appositeness as to medical science. The medical profession, it is believed, is running rapidly in advance of those kindred occupations, which by general assent have obtained the appellation of the learned professions. Medical pretenders, it is true, were never more numerous than now—for indeed their name is “legion.” But the number of learned doctors of medicine is rapidly augmenting, as is evinced by the discoveries and inventions that are constantly developed by their investigation of the physical constitution of man—the laws that govern his being—the obstructions, often dark and intricate, that impede the vital energies—and by their patient inquiries in the wide expanse of nature for remedies to relieve the disturbed functions of life. In no employment is study—deep, patient

study—more necessary. Diseases which bear the same name under all circumstances, are constantly presenting themselves under ever-varying modifications; and though their general language may be intelligible to a superficial observer, yet a skilful practitioner will not, and should not, rest satisfied till he can interpret the symptoms, which, like so many dialects, they present under each of their multifarious forms. As in diet, what is one man's *meat*, may be another's *poison*, so in medical practice, what may be a safe prescription in one case may be highly detrimental in another, which may exhibit many of the same symptoms, and yet be of an essentially different character. None but an attentive observer, skilled in the interpretation of the language of diseases, should be permitted to prescribe for a machine of such delicate structure as the human frame. With the best intentions, he who does not understand thoroughly its mechanism, may destroy it when he honestly thinks he shall improve it. With these views, we always record with pleasure the evidences of the onward progress of medical science.

Auscultation, as defined by Dr. Webster, is "the act of listening;" and the art has been carried to a wonderful extent, as appears by a recent number of the *London Quarterly Review*, by Dr. F. M. Latham, Physician to St. Bartholomew's Hospital. We have not noticed that his book has been republished in this country; but the fact that he is at the head of one of the largest hospitals in London, shows not only his respectability in his profession, but that he has had abundant opportunities to test the truth of his theory by experiments. With the aid of a trumpet-formed tube, Dr. Latham claims to be able, in diseases of the lungs and chest, to tell what parts are affected, and in what manner, by the noise, peculiar to the various parts, caused by the rushing of the blood along the arteries, the beating of the heart, respiration, &c. When the ear has become familiar with the natural sounds produced by the functions of a healthy structure, it will readily detect the deviations caused by disease, their locality, and their progress to a more disordered or more healthy action. In this occult art, Dr. Latham has gone beyond all other experimenters.

The question is one of great practical moment, whether auscultation affords any essential aid in curing the diseased parts of the internal structure whose complaints it interprets. From the review of Dr. Latham's book, it does not appear that he is yet enabled by his art to arrest that most formidable of all antagonists with which physicians have to contend, consumption; or, indeed, that the knowledge it gives him, is of any practical importance in applying prescriptions. But it is an acquisition not to be despised, that the practitioner is able to detect the cause, the seat, and the operation of disease. It is the first great step to a discovery of more intense and absorbing interest, which it is hoped will ere long be made—that of a remedy for those internal maladies that, under the name of consumption, cut down human life with as much fatality as befalls the grain of the field before the sickle of the reaper.

POST-MORTEM EXAMINATION OF THE BODY OF A LADY OVER ONE HUNDRED YEARS OF AGE.

[Communicated for the Boston Medical and Surgical Journal.]

THE old lady who is the subject of the following notice died after a long life of uninterrupted good health, aged one hundred years and six months—her death being finally accelerated by a fracture of the hip, which occurred a few weeks previous. For the last year she has been subject to some aberration of mind, which required that she should be somewhat restrained in her motions; and as she had a constant desire to leave the house, her clothes were taken from her, and she was confined as much as possible to the bed. About a month since, while left by herself, she was heard by the persons in the room below to get out of her bed, and while walking across the room, to fall heavily on the floor. Upon going into her chamber she was found prostrate, and unable to rise. She was immediately carried to her bed, her medical attendant called, and an examination being made, it was discovered that a fracture had taken place through the neck of the thigh bone.

There was no apparent displacement of the fractured parts, and it was determined, therefore, that the application of any apparatus for confining the limb would be unnecessary, position only being relied upon for the union of the bone. She was directed to lie upon her back, and a pillow placed under the limb so as to keep the thigh slightly flexed on the pelvis.

She died about three weeks after the accident, her death taking place without suffering, and apparently occasioned by the combined effects of the accident and the confined position necessarily attendant on it. It may be well to state that the senses of the old lady remained perfect to the last; her hearing was good, and she was able to read the smallest print without the use of glasses.

The body was examined twelve hours after death, and presented the following appearances. Stature small—about five feet—very little emaciation. On the lower part of the sacrum was a gangrenous spot, two inches in diameter, occasioned by the long pressure on that part from her confined position. The left lower extremity was shortened perhaps a quarter of an inch, and the toes slightly turned inwards.

Upon opening the head about a gill of water escaped from the cavity of the dura mater. This membrane was strongly adherent throughout to the cranium, requiring the use of much force to separate it from its attachments. The superficial vessels of the brain were much distended with blood—its substance of good consistence, offering otherwise nothing remarkable. All the sutures of the cranium were completely ossified.

The cartilages of the ribs were not ossified, as is usually the case in old persons, and were easily cut through with the knife.

The lungs were of a dark-blue color on the left side, at the summit were strongly adherent to the ribs, and at this point a conglomeration of small semitransparent granulations were found imbedded in the substance of the healthy lung. These granulations were scattered throughout the lung, but at no point was there any appearance of cicatrices or

tubercles in a softened state. The edges of the lower lobe of the right lung presented the most marked appearance of emphysema. The heart was small, its cavities filled with black, uncoagulated blood. The free edges of the valves of the aorta were not ossified; at their bases, however, and at that part of the aorta opposed to their edges, were two distinct osseous rings. Small patches of osseous deposits, some of them an inch in diameter, were scattered at intervals throughout the whole course of the aorta. The liver, kidneys and spleen were perfectly healthy, and of the natural color and consistence. The stomach was remarkably small, its calibre about the same with that of the duodenum, from which externally it was difficult to distinguish it, and presented much the appearances observed about a year since in the stomach of an old lady who had destroyed herself by starvation, with this exception, that in the latter case the mucous coat was much more corrugated. The intestines were generally of small size, at some points in the large intestines not being more than half an inch in diameter. At the rectum, however, a very remarkable phenomenon presented itself.

The intestine was here dilated into a large pouch, completely filled by a ball of hardened fecal matter, which occupying the whole cavity of the pelvis, forced the bladder completely out of its natural situation;—below, this mass was found pressing down on the perineum and slightly dilating the anus. From all appearances this ball must have been for a long period in the situation in which it was discovered, as she had complained of no suffering, and the bowels had been perfectly regular up to the day of her death. The matter evacuated of course passed down at the sides of the obstruction.

The bladder was large, its mucous coat somewhat reddened and rather softer than natural. The uterus was about the size of a hazel nut, and on cutting into it a small quantity of pus, apparently of recent formation, escaped from its cavity. Nothing remarkable was observed about the ovaries, either as to size or consistence.

Upon examination of the hip, it was found that a fracture had taken place at that part in a very remarkable manner. In the first place a fracture extended from the trochanter longitudinally through the neck of the os femoris; in the second place, the trochanter was completely separated from the body of the bone; no apparent displacement, however, had taken place of the fractured portions, although freely moveable on each other. As yet there appeared no attempt at union.

The remarkable features of this case are, first—the want of ossification about the ribs, which would naturally be expected in a person of such an advanced age; second, the small size of the stomach; third, the great mass of hardened feces in the rectum—allowing, nevertheless, the regular passage of matter at the sides, so that previous to death nothing of the kind was suspected. A case in which a similar collection took place is given in one of the late numbers of the *London Medical Gazette*. The patient was a lady seventy years of age, and had suffered for some time with most excruciating pains in the lower part of the rectum. These pains were periodical, and similar in their character to the bearing-down pains of labor. An examination being finally made,

it was found that a large mass of hardened feces, of the size of the head of a full-grown fœtus, was pressing down upon the perineum, the anus being distended to the size of a crown-piece. This mass was broken down with the handle of a spoon, and the sufferings of the patient immediately relieved on the removal of the obstruction. Nothing of the kind had been suspected, as the patient had always enjoyed a regular state of bowels.

The fracture in the present case was uncommon, and almost amounted to a split of the bone, instead of the transverse or slightly oblique fracture usually observed when the bone is broken in old persons. In conclusion, it may be observed that the bones were not more brittle than is ordinarily observed in persons of 40 or 50 years of age.

Boston, Feb. 8th, 1837.

J. M. W.

CRUDEN, THE ASSUMED CORRECTOR, CORRECTED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—To show the unfair manner in which Cruden has misrepresented my cases of pulmonary gangrene, it will suffice to review only a portion of his first paragraph in his communication of the 1st instant. I will give the thing itself.

“Dr. A.’s explanation of his mistake in confounding the existence of the respiratory murmur with the phenomenon of pectoriloquy in the same part, is evidently an after-thought. A proof of this is found in the sixth case, in which Dr. A. says, ‘respiratory murmur sonorous on both sides the chest—distinctly pectoriloquous on the right side above the nipple,’ &c. His pathological conclusion is that the diseased parts are cavernous and passing into the state of sphacelation. Moreover, when Dr. A.’s fatal prognosis of this case came to be verified, which we have reason to believe soon happened, the patient’s attending physician found in his right side ‘one complete excavation; not a vestige or particle that resembled lung or membrane remained.’”

There is no need of my pursuing him through the conclusions drawn from these premises. If these premises had been correct, his conclusions would have been correct; but *the premises being false, the conclusions are false also*. There are four false accounts in the portion of the paragraph quoted above.

1.—In his first sentence C. obviously intended to have the medical public understand that I had committed and acknowledged a mistake in relation to the hectic lady mentioned under the head of my fifth case, to illustrate the effect on the audible characteristics of some cases by mechanical obstruction, which, as in this case, after a paroxysm of coughing and expectoration, “pectoriloquism was clear and distinct.” The designed idea that I had committed a mistake in this case is false: for proof, see my first paragraph in this Journal, vol. XV. page 375; also, *ibid*, page 220, where the whole of the facts are detailed which caused the introduction of the “hectic” lady’s case in illustration.

2.—My language is quoted *incorrectly*. This, however, is of but little consequence. It was to have been expected, when the spirit which characterizes Cruden's whole production is taken into the account.

3.—His exposition of my "pathological conclusions" in the sixth case, that "the diseased parts are cavernous and passing into a state of sphacelation," is apparently expressed in a vague manner with the design of giving a misrepresentation of my conclusions. My conclusions were thus clearly and definitely expressed. "Excavation in the right lung and gangrenous; left, small excavation or dilatation of the bronchia; general substance of the lung passing into the same state of sphacelation. —*Prognosis, event fatal.*" *Why and where* is it determined that there is an "excavation in the right lung"? *The why* is answered, because it was "*distinctly pectoriloquous on the right side;*" and *the where* is definitely settled by the clause of the sentence, "*above the nipple.*" Now, the facts that the pectoriloquy had a defined location, and that there was "a respiratory murmur sonorous on both sides of the chest," plainly show that the whole of the right lung could not have been destroyed at the time of the examination, as C. would have it inferred.

4.—The assertion made by C. that "when Dr. A.'s fatal prognosis of this case came to be verified, which we have reason to suppose soon happened," is evidently a real intention to *deceive*. The question turns on the point, "*soon happened.*" How soon? See page 229, where it will be found the patient lived eleven days after my examination (July 22), and that my examination was made six days from the commencement of the affection of the lungs. Now, if in six days from the attack an excavation had formed in the right lung, is it unreasonable to conclude that during eleven days, when he deceased ("Aug. 3d," *Ibid*), the whole lung would have been destroyed? What else but the progressive destruction of this gangrenous disease destroyed the patient, Buttolph? What if I had examined him seven days before I did, i. e. one day before the disease of the lung commenced; should I then have detected an excavation in any portion of the right lung? According to Cruden's logic, I certainly should. There, then, would have remained "no vestige of a lung." As he admits no change to have taken place in the last "*eleven days*" of the disease, it is certainly equally fair to infer that none could have occurred during the *first six days*. Cruden has surely presented himself before the public in an awkward predicament. We must either infer that Buttolph never had a right lung, or that C.'s philosophical acumen is "a little out of joint," probably only "*a subluxation.*"

But what philosophy and logic this metropolitan "*Corrector*" possesses! they even resist the ravages of gangrene and of death; for with the dash of his pen, he is enabled to hold each in perfect suspense, in his noble opinion. No alteration, no change, in *eleven days*, in a fatal case of pulmonary gangrene of seventeen days duration. What nonsense!

The remaining paragraphs in C.'s late debut are like "unto the first," equally sophistical, perverse and evasive. They are not only *a little too little*, but *very much too little*, to demand a reply. A response to such fallacies and sophisms can be excused only on the ground of disabus-

ing the public and showing the character of the writer. In the present instance both of these have been sufficiently accomplished. A "Corrector" should, of all men, first be correct. The truth of this has become proverbial. "Physician, heal thyself," has become an axiom. However, it may be that, like his prototype, this Cruden is a very considerable portion of the time *insane*; if so, it may be well for him to take a portion of hellebore before he makes another public effort. "*Soyez tranquille*." "Do not chafe," friend C. "at a little good-humored reproof;" though it may come from a Vermonter.

Middlebury, Vt. Feb. 7th, 1837.

J. A. ALLEN.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 22, 1837.

DR. HAMILTON'S ADDRESS.

From the enterprise of a single individual, F. H. Hamilton, M.D., a beginning has been made at Auburn, N. Y. which may eventually become a third school of medicine in that great State. Unassociated with others, and solely relying upon his own resources, Dr. Hamilton appears to have established a reputation which is acknowledged at a distance. He commences a course of lectures in November, annually, on anatomy and surgery, which continues seven weeks. All the lectures are given by himself—six in each week—at ten dollars a ticket. The class, the present season, consisted of forty-three students. No dissections are made on the human subject—all the demonstrations being given on dried and wet preparations. This is the only defect at present discoverable in this incipient college. We can perceive no valid reason why dissections are not conducted on a systematic plan, as in all other places where the principles of science are usually taught. Those who study operative surgery on injected bodies only, will find themselves miserable operators. In fact, such anatomists as those must be who never traced out the relations of muscles, nerves and bloodvessels with their own eyes, could never be trusted with a cutting instrument on the living body. Dr. Hamilton may better understand the cause which influences him to continue this method year after year, than ourselves; but ultimately, we predict, he must either abandon his lectures altogether, or teach according to the requirement of the times.

In the introductory address which was given when the last term commenced, a copy of which is now before us, the lecturer fully evinces an opinion that actual dissection is necessary, although, in the prospectus, an express declaration is made that no such business shall be conducted.

"It is not sufficient," he says, "that a surgeon acquaint himself with the number and order of the bones—the names and situation of the viscera; these are but the grand divisions, the continents and the mountain ranges, seen at once upon the globe's surface; but the lesser hills, the

bays and promontories, the rivers and the numerous brooks, canals and sluiceways which penetrate the interior, are not yet observed. Such anatomical acquirement might indeed enable him to carve and disjoint a turkey, or canvass-back, with sufficient skill, but would never qualify him to carry the scalpel through the gory wound amid the mazy structure of muscles, tendons, ligaments, nerves, arteries and veins, and not untune one of its thousand strings. Neither is it sufficient that he has diligently read Horner, Bell, Velpeau, and furrowed his brain with their elaborate descriptions; he may, it is true, attain a rich vocabulary of technicals—*verba pomposa et voluminosa*, yet know as little of the structure of the body and be as incompetent to practise surgery, as the mechanic to construct a house who has studied from Lefevre, Nicholson or Benjamin the different orders of architecture and the names and situation of their respective parts, but never seen them in a building, or handled a mechanic's tool. By demonstration alone can the proper attainments be made; we should say rather by *actual dissection* alone. The student, therefore, who would be a correct anatomist or skillful surgeon, must himself trace out the numerous vessels which carry out the vital moisture, and irrigate the remotest parts of the human system. He must unravel the infinitely multiplied nervous threads whose invisible aura conveys with electric speed the feelings and sympathies of the most distant member. He must carefully separate every fascia which envelopes the body, every muscle and every tendon, observe where they seize upon the bone, what the direction and mechanism of their action, where the lever, and where the fulcrum rests, mark at what point a vessel or a nerve intersects its course, whether it plunges into its belly and is lost, or creeps along its side and is spent upon other parts. He should also acquaint himself by comparative examinations of what deviations may occur, and what their probable effect. In short, as man is the building, and he the artizan to repair its wastes and injuries, he should know every beam and its proper proportions and adjustment, and all its different, simple and complicated arrangements, whether the structure be Corinthian, Ionic, Doric or Gothic."

Rather than have such powers absolutely wasted—for it is nothing short of waste to discourse in the able manner which characterizes this gentleman's daily lectures on *wet* and *dry* preparations for seven weeks—he should be furnished from the cities with suitable materials for demonstration. The following remark is important.

"Anatomical science, though certainly less important to the legal than the medical man, is yet sufficiently so to render it a subject deserving also his attention. We have always been surprised that the jurist pays so little attention to a study which might be of incalculable service to him in many criminal investigations—a full acquaintance with which would often possess him of decided advantage over his less informed brethren at the bar. It would enable him by a well-regulated series of questions, to detect and expose the inaccuracy of the medical witness, and thus render his whole testimony nugatory; and as there are no causes which more frequently involve the life and reputation of the client, therefore, none in which the counsel has more frequently an opportunity for the display of talent, ingenuity and eloquence. Indeed, we do not think a conscientious jurist can acquit himself with justice to his client or in a manner satisfactory to himself in a medico-legal investigation, unless he is well instructed in the principles of anatomical and pathological science: and in

our humble opinion, this subject should form one of the prominent branches of study in all our law institutions—and should be taught on the same extended scale, by dissections and demonstrations, that it is at regular medical schools. A school of this kind, and which might serve as a model for others, exists at Berlin, at the head of which is an eminent anatomist, Dr. Wagner. The students are amply supplied with subjects, and themselves perform post-mortem examinations, and also receive instructions on judicial subjects. The good effects of such an institution cannot be doubted.”

Dr. Hamilton has our best wishes for his future success, knowing that he is well qualified to do credit to the profession.

PRINCIPLES OF PATHOLOGY.*

TREATISES on the theory and practice of physic, like the fashions of dress, are continually changing. That which was thought to be excellent at one time, is superseded, at the end of a bookseller's quarter day, by something claiming to be altogether superior. It is not always true that new principles are developed, or that new ideas are advanced, in this endless multiplication of books. Old doctrines are often presented in new, and under more favorable aspects; and the transposition of a sentence from its former abode between the leaves of a neglected folio of the last century, to a modern dress, is frequent, though rarely considered in any other light than advancing the interests of the profession.

The fact is, there are but a limited number of new things in our day, in the way of physic—but these are so often re-presented to the world, that it is by no means strange that some of them pass repeatedly, and very currently, for new discoveries. By this remark, however, there is no intention of undervaluing the “*Principles of Pathology*,” by Dr. Macintosh. On the contrary, it is a most desirable production, containing, within a moderate compass, the essence of all the elaborate works of the last fifty years. Dr. Good, the learned and excellent author of a masterly amount of human knowledge relating to the treatment of disease, though somewhat trammelled by useless technicalities, etymological jargon and historical reminiscences, repolished and refinished by one of our own countrymen, is now laid upon the shelf, and if not unsought, at least but slightly noticed. We are not ignorant of the fact that the present edition is from the fourth in London—yet, were it not for the name of the American editor, Dr. Samuel G. Morton, of Philadelphia, it is doubtful whether much interest would have been felt in its behalf. This gentleman is so well fitted for improving the reputation of some eminent transatlantic writers, that it may be considered certain that he has executed a labor in this instance which will be mutually beneficial to himself and his readers.

So far as mechanical execution is concerned, these volumes are faultless. The type is good, the paper good enough, and the price is no objection. Lastly, the notes and additions commend themselves to every practising physician. If, instead of having been appended to the English work, our Philadelphia friend had magnified them into distinct essays, he might have laid claim, with strict propriety, to that distinction which he seems destined to attain.

* *Principles of Pathology and Practice of Physic*, by John Macintosh, M.D., &c. &c. First American from the fourth London edition, with notes and additions by Samuel George Morton, M.D., &c. &c. In two volumes. Philadelphia: Edward C. Biddle, 1837.

Trial of Quack Medicines.—Mr. Guthrie, of the Westminster Hospital, London, has lately allowed a trial to be made, on several patients under his care, of the liniment used by the late celebrated Mr. St. John Long. Mr. G. also consented to have the experiment tried on himself, having a pain in his right knee, with which he was occasionally afflicted. It was tried on five patients besides himself. As it was brought to the hospital avowedly as a secret, Mr. G. refrained from any examination of it during the trial—considering it a point of honor to do so. He represents it as cool and agreeable when applied to the skin, causing a slight sensation of warmth and a little redness when rubbed in with the sponge, which is the mode of applying it. He was told by Mr. Wood, the rubber, that the liniment could only produce its due effect, viz. a discharge from the surface, over a diseased part. Mr. W. was taken at his word, and requested to ascertain in this manner the part of the knee in which the pain was seated. The rubbing was commenced generally, over the whole surface of the inside of the knee, as if in the expectation that the particular spot would become redder. At last a little redness did appear; but the rubbing at once changed, and instead of being general, the sponge turned on the red spot as on a pivot, which consequently became tender, and the blood was ready to start. Trial was next made on the inside of the knee with the same effect, and the same could be effected anywhere, it was found, by the same means. To prove this, another place was tried with soap-suds and sponge, and exactly the same results followed. The other patients were rubbed on the forehead, temples, &c., till the parts were sore, when a pounded cabbage-leaf was applied, fastened by a strip of sticking plaster. A day or two afterwards, the sponge was again applied to these surfaces, and rubbed round till they bled freely. A cabbage-leaf was again used, and a considerable discharge followed. The repetition at last removed the skin, and in one case a granulating surface was induced, which suppurated freely. From these experiments Mr. G. has come to the conclusion that the friends of this vaunted liniment are correct in claiming for it the quality of harmlessness, as he is quite satisfied it is as harmless a preparation as was ever made by regular or irregular doctor. But he considers them wrong in attributing all the good effects of the remedy to the liniment and nothing to the manner of using, as he is convinced everything depends on the manner of using it, and nothing on the liniment. Mr. Guthrie, however, though he does not praise the liniment, considers Mr. Wood the best rubber in England, and well acquainted with the art of producing counter-irritation. Mr. G. has also other trials going on with secret remedies.

Medical Appointment.—John L. Riddell, M.D. late Adjunct Professor of Chemistry and Lecturer on Botany, in the Cincinnati College, has been appointed Professor of Chemistry in the Medical College of Louisiana; vice W. Byrd Powell, M.D. resigned. Dr. Riddell has entered on his duties.

Whole number of deaths in Boston for the week ending February 18, 23. Males, 14—females, 9.

Consumption, 5—lung fever, 3—tumor on the brain, 1—infantile, 2—smallpox, 1—quinsey, 1—cancer, 1—dropsy, 1—old age, 3—sudden, 1.

DIED,—In Sandwich, Mass. Dr. Bartholomew Cushing, aged 54.—In Franklin Co. Va. Dr. R. M. Beard, aged 53.—In Shepherdstown, Va. Dr. S. B. Foster, 55.

VERMONT MEDICAL COLLEGE, AT WOODSTOCK, VT.

CONNECTED WITH MIDDLEBURY COLLEGE.

(Incorporated by the Legislature of Vermont, October, 1835, with the power of conferring degrees.

THE ANNUAL COURSE of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

H. H. CHILDS, M.D.	- - - -	Theory and Practice of Medicine and Obstetrics.
GILMAN KIMBALL, M.D.	- - - -	Physiology and Surgery.
DAVID PALMER, M.D.	- - - -	Chemistry and Materia Medica.
ROBERT WATTS, JR. M.D.	- - - -	Anatomy.
NORMAN WILLIAMS, A.M.	- - - -	Medical Jurisprudence.
D. C. PERRY, M.D.	- - - -	Demonstrations in Anatomy.

The usual number of Lectures will be five, daily—besides the Demonstrations in Anatomy, and, occasional evening examinations.

Considerable additions are now making to the Chemical apparatus; and opportunities will be furnished to students for practical anatomy, arrangements for that purpose having been made last year in the city of New York.

No subject for dissection will be received from any person, or on any terms.

Fees for the course, \$45. Graduation, \$18. For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Pierce, Esq., Treasurer of the Institution. Board is usually furnished at \$2 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study.

Degrees will be conferred at the close of the lecture term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation.—Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. For particulars relating to private instruction, students are referred to the annual catalogues of the School.

By order of the Trustees,

NORMAN WILLIAMS, Secretary.

NOTE.—The Annual Course of Lectures at the Berkshire Medical Institution commences the last Thursday of August, at Pittsfield, Mass., and continues thirteen weeks.—Fees for the Course, \$50. Feb. 14—1839

A BARGAIN.

A PHYSICIAN in the County of Kennebeck (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

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TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

11—Oct. 19

Boston, Oct. 7, 1836.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

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[NO. 4.]

CASE OF FRACTURE OF THE FIFTH CERVICAL VERTEBRA, WITH-
OUT DISPLACEMENT OF THE BODY OF THE BONE.

BY HIRAM A. PROUT, M.D., OF TUSCUMBIA, ALABAMA.

ABRAHAM, a man of color, æt. 30—while wrestling with a companion, was thrown suddenly upon his neck, by having his feet tripped from the ground. The fall was immediately succeeded by a loss of motion and feeling in the shoulders and arms, in the walls of the chest and abdomen, and in the lower extremities. Though there was an entire loss of sensibility to the impression of external agents, he was subject to occasional and severe pains in all the paralyzed parts, and to constant and lancinating pains in his arms and shoulders. There was no external mark of injury over the spinous process of the fifth cervical vertebra; but a distinct crepitus was perceptible on pressure. His breathing was short and extremely laborious, being carried on alone by the action of the diaphragm. The muscles of the head and neck, above the origin of the phrenic nerve, maintained their integrity. His pulse and the temperature of his body were unaffected, until near the close of life; which occurred within 48 hours after the accident. On the day subsequent to the injury, he was affected with retention of urine and great abdominal distention; notwithstanding the peristaltic action of the bowels had been excited and met with no resistance from the paralyzed sphincter. There was no distention of the corpora cavernosa.

Dissection.—The rim or arch of the fifth cervical vertebra was fractured in three places, and the spinous process, with a part of the arch, was driven in upon the spinal marrow. There was a slight effusion of blood, between the sheath of the spinal marrow and the bone, and a considerable effusion between it and the substance of the cord. There was no material lesion of the medulla, or of its investing membranes; and the body of the bone was not fractured or displaced, at the intervertebral junction.

Observations.—In this case, the diagnosis was readily established, by the accompanying symptoms and a reference to the physiological relations of the parts. The absence of the regular elevation and depression of the ribs, which attend normal respiration; the increased action of the diaphragm; and the want of contraction in the abdominal muscles, all referred the seat of injury to some point below the origin of the fourth pair of cervical nerves; whilst the entire loss of motion and sensibility to external impressions, in the arms and shoulders, clearly indi-

cated that the fifth vertebra of the neck was the seat of fracture or displacement, or perhaps of both; as one seldom occurs without being accompanied by the other. This latter diagnostic distinction is based on an observation offered by Sir Astley Cooper, when speaking of accidental lesions of the spine, where he remarks, "If a fracture occurs at the sixth or seventh cervical vertebra, the patient has some feeling and powers of motion" in the arms; "but if at the fifth, little or none." It seems that the same distinction had been noticed by Galen, who, in treating of palsies from other causes, observes that when the origins of the sixth and seventh pairs of nerves are involved in disease, some sensibility and voluntary motion are still manifest in the shoulders and arms.

It is unnecessary to say, that the truth of these positions and the diagnosis based upon them were amply confirmed by the appearances on dissection.

The constant and intense pain, in the muscles supplied by the palsied nerves, which resulted no doubt from a mere perversion of function, is a symptom of fracture or displacement of the vertebra, which Sir Astley Cooper seems to have overlooked, in his very excellent and accurate account of the phenomena accompanying injuries of the spine. That this symptom is one of not unfrequent occurrence, in palsies originating from spinal lesions, may, we think, be inferred from the assertions of writers on palsies in general.

Dr. Cooke, in his work on *Nervous Diseases*, observes, that pain in the muscles is not an uncommon symptom of palsy, particularly of the shoulders and arms.

Dr. Abercrombie, in his observations on inflammation of the hemispheres of the brain, remarks that in palsies connected with these inflammatory affections, there is sometimes, especially in the early stages, violent pains in the affected limbs. In the case under review, the pain was evidently not the result of inflammatory action, as it immediately succeeded the accident, and was consequently manifested before inflammatory action could establish itself in the injured part.

The observations of these authors satisfactorily confirm the fact that palsies, resulting from diseased action in the brain and spinal marrow, are sometimes accompanied by severe pain the paralyzed limbs: while the cases, recorded in the *Leçons Orales* of M. Dupuytren, showing that rheumatic pains and stiffness of the neck have been mistaken for luxations of the vertebra, render it certain that the same symptom, occasionally at least, attends palsy from accidental injury of the spinal marrow. We do not insist on this symptom as being important to the accuracy of diagnosis in these lesions, but as interesting only, so far, as it may contribute to a knowledge of the phenomena which are manifested in traumatic palsy; and of the physiological relations of the body in general.

In the case recorded by Lallemand, as quoted by Dr. Abercrombie, the pain was confined to the nerves of touch: in the case under consideration there was no morbid external sensibility; the pain was more deeply seated, and seemed to affect the nerves, which supply the muscles of animal life. The cause of this difference, we shall not attempt

to define, as we cannot expect to arrive at certain conclusions, with our present imperfect knowledge of the intimate relations of the nervous system.

In the case before us, the distinction, so correctly established by Bichat, between the nervous functions of animal and organic life, was beautifully illustrated. The heart, the arteries and the veins, the stomach and the bowels, all remained unimpaired in any appreciable degree, until an extension of the lesion of the spinal marrow destroyed the function of the phrenic nerves, and consequently, completely suspended the imperfect respiration; now maintained alone by the action of the diaphragm. Had the phrenic nerves remained unaffected, it is obvious that the patient might have survived several days longer. The failure of the vital functions did not proceed, so much from a want of organic action in the different parts of the body, as from an entire loss of function in the system of animal life.

The want of contraction of the coats of the bladder and the relaxation of the sphincter ani, manifested, still farther, the correctness of the distinction between the organic and animal functions of the body.

We could dilate on this subject, but deem it more proper to submit the case and these observations to the consideration of others, who may be more immediately engaged in tracing out the physiological relations of the nervous system.—*Western Med. Jour.*

OPIUM.

[Continued from page 25.]

I EXPLAINED to you, in my last lecture, the process by which opium, the inspissated juice of the *papaver somniferum*, is obtained, and detailed to you the analysis with which modern chemistry has furnished us. I have now to enter upon the consideration of the effects, both medicinal and toxicological, that are the result of its internal administration, or of its external application to the human body. It is a subject of considerable importance, and embraces a vast number of very interesting points. The greatest difficulty which I have to encounter in its consideration, is to condense the mass of information which is to be collected from the vast number of the most intelligent medical men, and to place before you, in their most striking forms, the more important facts. Among the formulæ which have found a place in our pharmacopœias, all those which contain opium cannot be strictly considered narcotic, though by opium their general effect is produced, but there is a combination of other drugs for the purpose of acting upon some of the organs, or tissues, of the human body specifically; thus, that invaluable compound of opium, sulphate of potash and ipecacuan, to which the name of *pulvis ipecacuanhæ compositus*, or Dover's powder, is given, determines to the surface of the body, and increases the perspiration. The powder which contains prepared chalk, bark of cinnamon, the root of tormentilla, gum acacia, long pepper, together with opium, checks diarrhœa, and neutralizes the acid

which has been too largely developed in the stomach. But I have now more particularly to call your attention to those preparations of opium which act primarily as stimulants, and then as soporifics, sedatives, or anodynes, and which are not combined with other remedies. In a vast number of diseases opium is administered in its solid form, in the dose of a single grain, which, by the consent of the greater number of medical men, is acknowledged to be the full dose; you must regulate, however, as I shall have occasion to show you, its quantity according to the various circumstances which may demand either its diminution or its increase. Opium, when macerated in a spirituous fluid, for a sufficient length of time to be completely dissolved, yields to it all its properties, and to this fluid is applied the name of tincture, or of laudanum. This latter appellation was formerly given to opium in its solid state, nor was it applied to the liquid until the time of Sydenham; previous to that the common name was laudanum opiatum, or, simply, laudanum. It is said by Tillingius, in his singular book, entitled, "*De Anchora salutis sacra seu de Landano Opiato, Medicamine isto Divino ac cœlitus demisso*," to be so called, because it was *laude dignum, vel medicamentum laudatum*; but Libavius, one of the old opposers of the chemists, inveighs bitterly against this derivation, which he declares to be a piece of barbaric insolence worthy the madness of Paracelsus. It was likewise called Thebaic by the older writers, from the manufacture of opium at Thebes, in Egypt.

Sydenham was, at an early period of his practice, struck with the difficulties which must always attend the administration of a remedy which demands to be given with minuteness and accuracy, if we can only employ it in a solid form, and he, therefore, was the first to devise a plan by which its virtues could be imparted to a fluid. To him we are, therefore, indebted for the spirituous and vinous preparations which are now generally employed. The formula which he has recommended is still to be found in the greater number of the continental pharmacopœias. The *tinctura opii crocata*, or *Sydenhami laudanum*, is to be seen in those of Paris, of Denmark, of Poland, of Prussia, and of Holland; and his recipe runs thus: Take of Spanish wine one pint, opium two ounces, saffron an ounce, cinnamon and cloves, of each reduced to powder, one drachm, infuse them together in a bath heat, for two or three days, till the tincture becomes of a due consistence, and, after stirring it, set it off for use. The following are the reasons which he himself offers for the introduction of this preparation:—"I do not, indeed, judge that this preparation is to be preferred to the solid laudanum of the shops, but I give it the preference for its more convenient form, and the greater certainty of dosing it, as it may be dropped into wine, or distilled water, or any other liquor." The preparation ordered by the London College of Physicians, which is most generally employed, has simplified and altered the strength of the tincture, and this improvement took place in consequence of the complaints that appeared in the dispensaries, that, in Sydenham's tincture, "the quantity of the spices was too minute even to flatter the most credulous, who reflect on it with any expectation of the slightest efficacy, the spices not being half a grain to twenty drops. The

mixture of insignificant quantities of spices, or of other irrelative ingredients with the opium, in laudanum, is not only needless, but really injurious, since they conduce to perplex the preparation, and render the proportion less easy to adjust." The consequence of these observations was, that though in the preparation which approximated more nearly to the laudanum of Sydenham, and which is called the wine of opium, but which is "*lucus a non lucendo*," as it really contains no wine at all, the spices are still to be found, yet our present laudanum, or tincture, is without them, and is, therefore, a much improved and valuable substitute. It is made by macerating, for fourteen days, two ounces and a half of hard opium, bruised, in two pints of proof spirit, and straining the fluid; nineteen minims of this tincture is considered equivalent to one grain of opium.

There is no one remedy in the whole catalogue of the *Materia Medica* that demands greater discrimination and attention in the adjustment of the dose, and its proper administration in the different stages of disease. Even in a state of health, where it is taken to produce its singularly intoxicating influence, its effects are very much to be regulated by the quantity. It often happens, however, that that which would induce in one individual every sensation of felicity that is to be enjoyed on earth, and would invigorate the corporeal and intellectual powers, awakens in another a miserable train of chaotic and tumultuous imagery upon the mind, and, at the same time, produces sensations upon the nervous system that are indescribably miserable. Those who have accustomed themselves to its use can increase the quantity in a most marvellous manner, and can with impunity swallow enough to destroy three lives under ordinary circumstances. Almost every individual who has practised his profession for some time has seen patients take, from being long habituated to its use, enormous quantities of laudanum, or of solid opium, most generally with a view, at least in this country, of mitigating some suffering to which they are liable; but in Turkey, Dr. Smith tells us that the quantity used by the consumers of opium, who seek from it the peculiar excitement it produces, was generally about three drachms; he himself saw a Turk swallow six drachms, and this served only to increase his cheerfulness. It was about this portion that an individual took who has acquired considerable celebrity in this country, from his publication of a little volume which was entitled "*The Confessions of an Opium Eater*." His ordinary dose was 320 grains; for the first eight years of his indulgence in this habit he took it once only in the week; he chose Saturday night, and his great delight was to attend the Italian Opera whilst under its influence, for he found it to heighten his enjoyment of the music in a most extraordinary degree, or else he sallied forth into the markets of this great metropolis to watch the individuals who throng there on that night to purchase their Sunday's meal, and it afforded him a pleasure of which his description can impart to us but a faint impression. One most extraordinary fact is, that he was able, and that without any considerable effort, to diminish his dose in a most remarkable manner. For three years he had not been content to take 320 grains once in the week, but had taken it daily; but suddenly he descended to 40 grains, so that

where he had taken an equivalent to 8000 drops of laudanum, he contented himself with 1000. About this period a species of suffering overcame him of a very singular kind; all sorts of phantoms presented themselves to him. "At night," says he, "when I lay in bed, vast processions passed along in mournful pomp, friezes of never-ending stories, that to my feelings were as sad and solemn as if they were drawn from times before Ædipus or Priam, before Tyre, before Memphis. And at the same time a corresponding change took place in my dreams; a theatre seemed lighted up within my brain which presented nightly spectacles of more than earthly splendor." One sensation which he has described, I myself have felt when obliged to have recourse to opium for the alleviation of pain, and which I have likewise heard others allude to, namely, the singular lengthening out of time, so that a single night appears to have been of years' duration; he speaks as having almost, in one night, passed through a hundred years. Another and more dreadful affliction he describes:—"I seemed every night to descend, not metaphorically, but literally to descend, into chasms and sunless abysses, depths below depths, from which it seemed hopeless that I should ever re-ascend, nor did I, by waking, feel that I had re-ascended. This I do not dwell upon, because the state of gloom which attended these gorgeous spectacles, amounting at last to utter darkness, or to some suicidal despondency, cannot be approached by words." That these are not the imaginary sufferings of a romance writer I am fully persuaded, from the descriptions I have received from individuals of the inconceivable sensations they have experienced from opium; and the many narrations that I have listened to from those on whose truth I can place the firmest reliance, have quite convinced me that the feelings which pervade the system, under its influence, are of a class which might almost be considered supernatural. The astonishing circumstance is that he should have been enabled to diminish his dose without greater suffering from it, for opium eaters generally remark, that if on any occasion they do diminish the usual nocturnal dose, although they may have sound sleep, and apparently pass the night well, yet they are unrefreshed, languid, weakened, dispirited, and without any appetite, and a state of discomfort lasts for several hours; whilst, on the other hand, if they have taken the wonted stimulus, although they may be restless, agitated, and have neither inclination nor power to sleep during the livelong night, yet they rise to their occupations in the morning, fresh, cheerful, hungry, and in good humor with themselves and with the rest of the world. Some individuals fulfil with greater alacrity and vigor the duties of life under this influence; orators, writers, and statesmen, have owed much of their intellectual vigor to this drug.—*Sigmond's Lectures.*

DISEASED BLADDER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The two following cases, illustrative of the results of long-continued inflammation on the bladder, are submitted for insertion in your Journal,

as likely to afford some interest, the first showing a change of structure, with the detachment and expulsion of several polypi from that organ; the second, as evidencing the successful adoption of a practice which has not hitherto, as far as I can recollect, been had recourse to in similar cases.

For two years past the general health of I. L. aged 57, has been evidently declining, although until six months since no particular affection had been complained of. At that time, while stepping quickly over a rail-fence, he experienced a sensation as of something giving way in the region of the bladder; from that period he dates much uneasiness above the pubis, and increased frequency in making water; there was also itching about the glans penis, and the flow of urine was sometimes interrupted. These symptoms have gradually become worse, the uneasiness changing to pain, and the desire to urinate occurring more frequently; the urine turbid. Three weeks since, after very aggravated suffering, a number of fleshy bodies were passed by the urethra, with some mucopurulent matter and urine; they had been preserved, and were from one half to one inch in length, of a pyriform shape, covered with fine membrane; the pedicles were small. Since that time, nearly forty of a similar kind have been passed.

The patient has for the last month been confined to bed, and his present condition is as follows. He lies with the lower extremity drawn up, and turns from side to side every ten minutes, anxiously endeavoring to urinate; the water is passed "guttatim;" he is much emaciated, his countenance wild and indicative of great pain; pulse, 120; tongue covered with a yellowish dry fur; the functions of the brain little disturbed. As he would not permit the introduction of a catheter, I was obliged to rest satisfied with what information I could derive from pressure. A finger in the rectum and the hand pressed upon the pubis, detected the presence of a large tumor, fleshy, resisting to the feel, evidently the bladder in a state of disorganization.

The person in attendance was not a regular practitioner, nor had any determinate line of treatment been pursued. His opinion was *that the kidneys were diseased and were passing away by degrees through the bladder*, and that when all had come away, the patient must die. Although the premises were evidently not founded on the most intimate knowledge of anatomy, the state of the parts and the condition of the sufferer left but little doubt of the correctness of the prognosis.

Ten days afterwards I attended a "post-mortem" examination of the body. Nothing worthy remark was noticed either in the stomach or intestinal canal. The liver was gorged with blood, the gall-bladder contained five ounces of bile. The kidneys were smaller and more firm in their texture than natural, but did not show any trace of disease when cut into. The bladder had formed an adhesion to the rectum, and was of a size, to the eye, capable of containing about ten ounces; on being removed and cut into, the parietes were found thickened to nearly half an inch, and the interior filled with a medullary mass of a dark grey color, partly adherent to the internal surface of the organ, partly of the consistence of custard pudding, mixed with sloughy-looking shreds, some

urine, and four or five of those fleshy bodies already referred to. No trace of the mucous surface remained; in its place a slightly granulated appearance offered itself, with here and there small mamillary projections. There was no fetor.

Some time previous to the date at which I saw the case just detailed, I was called upon to visit a lady aged 60, in a neighboring town, who had for three years suffered from an inability to retain beyond a certain quantity of urine in the bladder. At first there was scalding and pain about the orifice of the urethra and neck of the bladder, but latterly the entire organ seemed to be engaged, the scalding was less, the pain more diffused. For the last nine months the general health has been giving way. Her medical attendant had at different times tried opiates, antispasmodics and diuretics, as the symptoms of the case seemed to require them, with only temporary relief, and she has had recourse to many quack remedies, which have generally aggravated the symptoms. She cannot now retain more than five ounces of urine at a time during the day, and the night is a season of protracted suffering from the constant desire to pass water. What is voided contains white flaky particles floating through it, and soon becomes offensive to the smell. The uterus is in its natural position; there is pain on pressure above the pubis. She has fever, with marked evening exacerbations, and much general irritability of the system. The appetite is morbid, tongue loaded with a moist yellowish fur, bowels irregular, pulse 90. Two grains of calomel, with five of ext. cicuta at night, and a mild saline aperient the next morning, were directed to be taken occasionally. The use of the warm bath, followed by an anodyne enema, was recommended every night, and that a catheter should be worn constantly. Perfect rest and a low diet were enjoined.

At my next visit I found the symptoms much less urgent. The catheter, by conveying away the urine as soon as secreted, removed one source of irritation, while the action of the medicine and the use of the bath, by restoring a more healthy action to the mucous surfaces and skin, had lessened the amount of fever, but the state of the parts was the same. Withdrawing the means recommended, even for a night, marked this strongly by the increased suffering it induced. A sound in the bladder could not detect the presence of any foreign body there. It was contracted, its walls thickened, but, except the floating particles which still continued to be washed away could be looked upon as such, there was no evidence of disorganization.

The result of I. L.'s case, which occurred about this time, directed my attention more particularly to the subject. If in my patient's case disorganization *had* commenced, although the morbid growths might not be the same, still its effects on her health and life could not be different. If it *had not* commenced, it was on the direct way, unless some more decided plan should be adopted to check its progress. That hitherto recommended had been merely palliative. General or local bloodletting could now have little if any beneficial effect on the disease, and was likely to do harm by their debilitating effects on the general health. A fair trial had been given to the use of medicines. Pain bad, and might still continue to be relieved by them, or an increased quantity of urine

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poured into the bladder, but neither were likely to alter the state of the parts. Another line of proceeding offered itself. Could I by direct means alter the condition of the bladder, and by so doing put off, if not altogether prevent, the threatened mischief? In the thickening and contraction which for a longer or shorter period precedes that disorganization of the rectum termed cancerous, I had often experienced the happy effects of mechanical dilatation perseveringly used; and even when the change had in a degree taken place, I was satisfied life had been prolonged and its termination rendered less painful by its means. The beneficial operation also of the same remedy in situations where, *prima facie*, its application would seem likely to be productive only of pain or worse consequences, determined me in trying its effects on the case in question. On the part of my patient it was willingly submitted to.

The bladder being emptied, six ounces of tepid water were injected by means of a strong gum elastic bag, furnished with a stop cock. Excessive pain, accompanied with chills, was the immediate effect, and obliged me to withdraw the injection after a few minutes. The patient was placed in a warm bath, and a pill containing gr. ss. of acet. morphia was given to her on returning to bed. For eight or ten successive nights the same effects, but in a lessened degree, were produced. From that time I was gradually enabled to increase the quantity of fluid, until at the end of a month 12 oz. could be injected and retained for 20 minutes. A warm hip bath was used every night after the injection, and the pill of acet. morphia continued. The diet and secretions were strictly attended to.

Six months have now elapsed since this treatment was adopted, and my patient enjoys better health than falls to the lot of many at her time of life. She is only occasionally obliged to get up in the night, and would almost forget that anything had been the matter, if I would permit her to leave off the use of her injections, the only part of the treatment which I think it advisable to continue.

There are few of the maladies to which the body is liable that offer to the medical man a greater variety of symptoms and changes, or a more numerous progeny of secondary diseases, than what has been termed chronic inflammation of the mucous surfaces. The acute form has certain marked symptoms, and is in a great degree under the control of decided measures promptly pursued; but the diagnosis of the chronic condition is uncertain, its treatment unsatisfactory. Neither of the cases related seem at any time to have been the subjects of any acute inflammation, but rather of the subacute and chronic form, and it unfortunately happens that to the majority of such the practitioner is not called until not only thickening and contraction of the parts have occurred, but sometimes even disorganization to a certain extent. In the first case the general health had been declining for a length of time, and the local affections no doubt also existed, for there was *frequency* of making water; but until the detachment of one of the morbid growths, no particular attention was paid to it. In the second it was only directed in consequence of the inflammation in the first instance being seated about the neck of the bladder. Repeated leeching, our sheet anchor at the commencement

of such affections, is not a means often offered a country practitioner, and the host of remedies usually prescribed have little or no influence in checking the progress to disease.

The principle of dilatation is universally recognized with a view to change that thickening and contraction consequent on long-continued inflammatory action of certain mucous surfaces, and is acted upon where the situation of the parts will permit its use. I trust the future experience of my professional brethren on the subject, will bear me out in the hope, the result of the last case has led me to entertain, that the same principle may with advantage be extended to those chronic affections of the bladder, which, under a host of names, but referable to the long-continued action of one cause, are such a source of protracted misery and suffering to many.

E. E. DENNISTON.

Northampton, Feb. 18th, 1837.

REMARKS ON ITINERANTS.

[Communicated for the Boston Medical and Surgical Journal.]

NO. V.—ITINERANTS TRUMPET THEIR OWN FAME.

IT is said in the bible, that charity vaunteth not itself. It might with equal propriety be said that merit vaunteth not itself. If the bible says not this of the latter, common report says so, common sense says so, and every man's better judgment says so. All persons, whatever they think of it in themselves, dislike, disrespect and abominate, in ordinary cases, a vaunting disposition in others. The dandy that would palm himself off for a Beau Nash or a Chesterfield, is not, even by birds of his own feather, any more respected for his important airs. The bully, prating so loudly, smiting his fists, and pledging himself to beat the soul-case out of you, shrinks from a determined air, and is far from being what he pretends to be. The braggadocio, of every kind, is the exact antipodes of what he rates himself.

All but the boastful Itinerant—he who without any previous knowledge of the science he affects to understand, pretends to cure all kinds of diseases—are considered, when they trumpet their own fame, the reverse of what they would have people think of them. The Itinerant may speak of his infallibles, tell you of his million and one cures, name over the cases he has cured which were given over by other doctors, and nobody thinks any the worse of him. If he announces himself under one of, perhaps, half a dozen names—no matter where he was born, who his father was, or what his endowments were—patients cluster around him, like flies to the putrescent effluvia.

I have before me a newspaper, containing three columns of advertisements, which match well with the doctors of whom I am now speaking. Anties in staring capitals, with high-sounding, but otherwise inapplicable names, protrude themselves upon the reader's notice. The whole catalogue of human maladies, and, to make the list more imposing, twice told,

but by different names, present themselves in these advertisements. Though ever so opposite in their natures, and ever so incurable, according to experienced physicians, they are all cured by these nostrums. To establish their credit beyond a doubt, certificates from M.D.'s, Excellencies, Right Honorables, and Reverends, are appended, who perhaps never saw the medicines, and if they had, would have seen them burning in Vesuvius ere they would prostitute their names for the benefit of so debased a cause.

Let us single out a specimen or two, from the almost endless list of highly applauded nostrums of the times. It is but a few years since the celebrated Swain's Panacea was all the toast, and thought as much of as the idol of Juggernaut by its infatuated worshippers. When this was most in vogue—for nostrums, like other things, have their ups and downs, their rise in the estimation of the community, their meridian glory, and their downfall—it was in such high repute that it sold for any price, and its inventor attained a princely fortune. It is said that he is the richest man in America, and that his net gains were ten millions of dollars. This was from a medicine which, if its merits and demerits had been weighed in a balance, the latter would have quickly preponderated. Were the names of those who were benefited by it, and those who were driven to an untimely end, written in a book, the former would make but a penny pamphlet, while the latter would swell into portly folios.

Next in point of celebrity, may be mentioned the ever-to-be-remembered Hygeian, or Morison's Pills. The mania in regard to these, was as great as that of the alchymists in endeavoring to turn the baser metals into gold, that of the South Sea Bubble, or of the Eastern Land Speculation. Never, since the abridgment of the days of man at the Deluge, was long life and uninterrupted health more doated upon than during the time when these pills triumphed so powerfully over men's reasoning faculties. The demands for them were so great, that the former slow method of making pills by manual labor was laid aside, and machinery was introduced as a substitute. I know not as steam power was called into operation, but pill-making companies were formed, and extensive employment was afforded in various places. Not only pill-boxes filled with the precious catholicon, commanding enormous prices, were sent in every direction, but barrels, and even hogsheads, were likewise sent. Riders were sent out, and agencies established everywhere. Would that we could be made to perceive the ravages this nostrum has made of health, and the havoc of human life. It would afford an excellent lesson for people not to catch at every bate, and not to be allured to destruction by persons who seek only their own benefit. Money is enticing, and when it can be obtained by whistling for it, anybody would put himself in readiness to lay his hand upon it. Where it can be called in in cart-loads—in such abundance as to amount to ten millions in half a dozen years, as was the case in the present instance—many persons would not be scrupulous about the means. Anything that would set people beside themselves would be employed. "Get money," said an Eastern Prince to his children, as he was bidding them farewell upon his death-bed. "Get it honestly if you can, but at any rate get money."

Many other persons have the same desires. They would choose to get it honestly if they could, but they are determined to get it in some way. F.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH, 1, 1837.

FOURTH ANNUAL REPORT OF THE STATE LUNATIC HOSPITAL.

FINDING ourselves anticipated in several of the public papers, in which abstracts from this interesting and truly valuable document were given soon after its distribution among the members of the legislature, a notice of it in this place has been deferred, from one week to another, with the expectation of obtaining the doings of the General Court in relation to the calls made upon the Commonwealth, both by the Superintendent and Commissioners, for further assistance. From that portion which emanates from the Trustees, submitted to the Governor and Council, it appears that:—

“The whole number of patients received into the hospital since its establishment is 510 ; that the whole number which have been in the hospital during the past year is 244 ; 125 of these having been received during the year, and the remainder continued from former years. Of these 125, 117 were committed by the courts, leaving only 8 private patients received during the year. 106 have been discharged during the year, leaving 138 in the hospital at the end of the year. Of the 106 who have been discharged, 57 were cured, 15 improved, 8 have died, and 24 were discharged by the Trustees for want of room, under the provisions of the statute.

Of the patients cured, the proportion of recent cases, that is, of less than one year's duration, has been 84 and 1-5 per cent. ; while of those of longer duration the proportion has been only 18 and 2-3 per cent. including those discharged for want of room, as all of the latter, with a single exception, should be put down in the class of incurables. Of those who remained at the end of the year, 11 only were recent cases, while 54 of this description had been received during the year, and these 11 are considered by the Superintendent as curable. A more extended view of this branch of our subject will show that of the 161 cases of less than one year's duration admitted into the hospital since its establishment, 132 have been and 11 more probably will be cured, 10 have died, six have been removed before the effect of the remedies applied had been sufficiently tested, and only two have been left to become old cases. It further appears that in the older cases, varying from one to thirty years and upwards, the chance of cure is nearly in an inverse ratio to the duration of the disease.

It further appears, as far as can be ascertained from the examination of the books of the Institution, that of the whole number of patients admitted to the hospital, there have been supported by themselves or friends, 251 ; males 139, females, 112. Supported by the towns, 179 ; males, 106, females, 73. State paupers, 73 ; foreigners, 52, from other States,

21. Satisfactory evidence of the birth and former residence of the remaining seven could not be ascertained.

An abstract of the report of the justly celebrated Esquirol, of the royal institution of Charenton, near Paris, contains the following particulars. The results are the more interesting, as this excellent public charity is of a character nearly resembling the State Lunatic Hospital of Massachusetts. The report is for the eight years next preceding the year 1834.

Esquirol found in the hospital at the commencement of the period above mentioned, 492 patients. Admitted during the eight years, 1557, making 2049. Of this number, 518 recovered; 546 died; 514 discharged not cured; and 471 remained. He makes his estimates of cures on the admissions during the eight years, viz.: 1557. The number of cures 518, is about 33 1-3 per cent. Estimate of deaths on the whole number, 2049. 546 deaths are 26 1-2 per cent.

The State Lunatic Hospital has received 510 patients. It has had 23 deaths, which is 5 1-2 per cent. It has discharged 372. Its estimate of cures is upon the discharged, about 53 1-2 per cent.

If the estimate of cures in the French Hospital were made in the same manner, it would not, as will be perceived, materially alter the percentage.

Esquirol's recoveries of the whole number in that Institution, including incurables, is 25 1-4 per cent. or 518 of 2049. The recoveries in the State Lunatic Hospital of all the patients, is 38 4-5 per cent., viz. 198 of 510.

Both Institutions contain a large proportion of incurables."

Were it possible to republish in the Journal the tabular statements of Dr. Woodward, every reader would be convinced of the unwearied exertions of that officer, and of his peculiar fitness to manage an institution like the one confided to his care. From these statements it appears that of the patients who have been admitted, 283 were single, 173 married, 30 widows, and 24 widowers. Of those under 20 years of age, there have been 58; 27 males, 31 females. From 20 to 30, 155; 91 males, 64 females. From 30 to 40, 125; 75 males, 50 females. From 40 to 50, 56; 28 males, 28 females. From 50 to 60, 32; 19 males, 13 females. From 60 to 70, 7; 6 males, 1 female. From 70 to 80, 3 males. Unknown, 24; 15 males, 9 females.

Following these, Dr. Woodward has appended a series of facts and practical observations, deserving the close attention of physicians as well as philanthropists and statesmen. His reasonings upon the subject of religious instruction, and its happy influence on the distracted mind, are calculated to enlist the highest sympathies of our nature. Leaving the report for the present, with an expectation of again resuming it, we cannot refrain from expressing a hope that a sufficient number of copies have been published to meet the demands of the public in this and other States.

COLONY LAWS RESPECTING THE PRACTICE OF PHYSIC.

OUR forefathers had a wise and parental solicitude for the physical as well as moral welfare of the people, and very early, therefore, after the organization of the Government of Massachusetts Bay, so called, established certain regulations in regard to the practice of physic and its col-

lateral branches, calculated to give respectability to the profession, and at the same time keep pretenders beyond the confines of their jurisdiction. Were the law now in force, which follows below, its practical operation would be far better than all the multifarious whereofs, wherebys, &c. which, though called improvements, are but innovations, full of loop-holes for empirics to escape the penalties intended to have been meted out to them.

“Forasmuch as the law of God allows no man to impair the life or limbs of any person, but in a judicial way :—it is therefore ordered, that no person or persons, whatever, employed at any time about the bodies of men, women, or children, for preservation of life or health, as chirurgions, midwives, physicians, or others, presume to exercise or put forth any act contrary to the known approved rules of art, in each mystery and occupation, nor exercise any force, violence, or cruelty, upon or towards the body of any, whether young or old (no not in the most difficult and desperate cases), without the advice and consent of such as are skilled in the same art (if such may be had), or at least of some of the wisest and gravest then present, and consent of the patient or patients, if they be *mentis compotes*, much less contrary to such advice and consent ; upon such severe punishment as the nature of the fact may deserve. Which law, nevertheless, is not intended to discourage any from all lawful use of their skill, but rather to encourage and direct them in the right use thereof, and inhibit and restrain the presumptuous arrogance of such as, through perfidience of their own skill or any other sinister respects, dare boldly attempt to exercise any violence upon or towards the bodies of young or old, one or another, to the prejudice or hazard of the life or limb of man, woman or child.” 1649.

Boylston Medical Society.—The usual annual prizes have been awarded as follows. The first prize to the dissertation entitled “The Numerical System,” by William Williamson Wellington, A.B. The second, to the dissertation entitled “Scarlatina,” by Alvan Smith. The gentlemen composing the prize committee were Drs. Strong, Morell, and Storer.

Average length of Life among Seamen.—The following table was constructed by the venerable Col. Turner, steward of Chelsea Hospital.

Deaths in Marine Hospital from Oct. 1, 1827, to Dec. 31, 1836, 244, viz.

Under 20 years,	13 being	1 in 29
From 20 to 30	103	1 2 1-3
30 40	69	1 3 1-2
40 50	39	1 6 2-5
50 60	13	1 19
Above 60	7	1 35

The average length of seamen's lives, according to the above table, is thirty-two years, five and a half months.

Medical Miscellany.—The cholera swept off 4777 in the city of Naples, in November last.—Much trouble has lately been on the tapis at St. Thomas's Hospital. The students of Guy's crowded themselves, sans

ceremonie, into the operating room of the former institution, which obliged the surgeons to postpone two cases of lithotomy, which were ready for operation, and the uproarious rioters, in the end, were all arrested.—Florida Keys are strongly recommended to invalids, instead of Italy.—Dr. Bedford's lectures on the diseases of women and children, the present winter, in New York, are much praised.—The Lying-in Hospital, Washington street, has received another donation of five hundred dollars.—A spirited meeting of the Counsellors of the Massachusetts Medical Society was held last week, at the Athenæum.—A movement is said to be on foot to recall the doings of the legislature in relation to the powers recently granted to the Berkshire Medical Institution, by which degrees were to be given independently of any college.—The plague, says the last Smyrna advices, had appeared at Scio : at Vourla a few cases had occurred ; but at Constantinople it had greatly diminished.—Alexandria, in Egypt, is represented to have been unusually sickly in November.—The cholera has made its way into the Ionian Islands, but divested of its worst features.—Professed bonesetters are so numerous in all the cities in this country, that foreigners seem to imagine that there is an atmospheric tendency to a general dislocation of the joints among us.—Dentists are abandoning gold pivots for artificial teeth, and substitute wooden dowels, which, by swelling in the cavity of the stump, make the work fit better and secure the new teeth much more firmly than metallic pins.—Dr. Lewis is engaged in dissecting two dromedaries, recently belonging to the Union street menagerie.—A case of smallpox has occurred at Bolton and another at Lowell ; a case also exists at Amherst, N. H.—By a regulation of the Board of Aldermen, by the request of the Medical Association, sextons are obliged to obtain from a physician the *cause* of death of those whom they are called upon to bury : this will give a correctness, it is supposed, to the future bills of mortality in Boston.—Surgical instruments brought to light by excavations in the ruins of Pompeii, proves, beyond contradiction, that, although manufactured almost eighteen hundred years ago, they are quite as good and convenient as those of recent London fabrication.—*Living on small means*, the title of an ephemeral, of the dimensions of a blister plaister, is denounced—for teaching only how to exist.—Dr. Parker, having completed his lectures at Cincinnati, has sailed for Europe—to return in six months.—Gum elastic ear trumpets are found to be miserable substitutes: the old-fashioned metallic ones are far better for reflecting and reverberating sonorous rays, although very poor things.—A lunatic in the State Hospital at Worcester considers himself the maker of all things.—A republication of the Boston fee-bill is called for. It is so long since it was printed that new members of the Medical Association are not well acquainted with the rules for charging.—Dr. Bowditch's translation of Louis is constantly gaining friends.—Dr. Littell's recent work on diseases of the eye meets with general approbation. He would do well in preparing another distinctly on surgical operations of the same organ.

TO CORRESPONDENTS.—Dr. Jewett's case of Bronchotomy, Questions to the author of the Remarks on Itinerants, and Dr. J. M. Warren's report of a surgical operation, besides various other favors, are on file.

Whole number of deaths in Boston for the week ending February 25, 28. Males, 13—females, 15.

Consumption, 2—hooping cough, 1—fits, 4—infantile, 2—apoplexy, 2—croup, 1—throat distemper, 2—child bed, 1—lung fever, 3—sudden, 1—bursting bloodvessel, 1—disease of the brain, 1—pleurisy, 1—inflammation of the bowels, 1—brain fever, 1—wounds, 1—stillborn, 1.

VERMONT MEDICAL COLLEGE, AT WOODSTOCK, VT.

CONNECTED WITH MIDDLEBURY COLLEGE.

(Incorporated by the Legislature of Vermont, October, 1835, with the power of conferring degrees.

THE Annual Course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

R. H. CHILDS, M.D.	- - - -	Theory and Practice of Medicine and Obstetrics.
GILMAN KIMBALL, M.D.	- - - -	Physiology and Surgery.
DAVID PALMER, M.D.	- - - -	Chemistry and Materia Medica.
ROBERT WATTS, JR. M.D.	- - - -	Anatomy.
NORMAN WILLIAMS, A.M.	- - - -	Medical Jurisprudence.
D. C. PERRY, M.D.	- - - -	Demonstrations in Anatomy.

The usual number of Lectures will be five, daily—besides the Demonstrations in Anatomy, and occasional evening examinations.

Considerable additions are now making to the Chemical apparatus; and opportunities will be furnished to students for practical anatomy, arrangements for that purpose having been made last year in the city of New York.

No subject for dissection will be received from any person, or on any terms.

Fees for the course, \$45. Graduation, \$18. For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Pierce, Esq., Treasurer of the Institution. Board is usually furnished at \$2 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study.

Degrees will be conferred at the close of the lecture term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation.—Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. For particulars relating to private instruction, students are referred to the annual catalogues of the School.

By order of the Trustees,

NORMAN WILLIAMS, Secretary.

NOTE.—The Annual Course of Lectures at the Berkshire Medical Institution commences the last Thursday of August, at Pittsfield, Mass., and continues thirteen weeks.—Fees for the Course, \$50. Feb. 14—1M9

A BARGAIN.

A PHYSICIAN in the County of Kennebeck (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

tf

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place. tf—Oct. 19

Boston, Oct. 7, 1836.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOVER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

VACCINE VIRUS.

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[NO. 5.]

RHINOPLASTIC OPERATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE history of the patient who was the subject of this operation, we shall give very briefly, as follows.

J. T. 28 years of age. Three years ago last spring, while playing very roughly with one of his companions, he received a violent blow on the nose, which dislocated the cartilage, driving it at the same time over to the left side. Some inflammation came on in the nose at the time of the accident, which very shortly subsided; and as he was out of town, and at a distance from medical advice, nothing was done to replace the cartilage, which remained in the situation into which it had been driven by the blow.

In the following spring, while pursuing his ordinary occupations, a small red spot appeared on the right cheek just below the eye; this very soon increased in size, the inflammation gradually spread, first attacking the lip, and from thence extending to the nose, which became red, swollen, and finally ulcerated.

It will be unnecessary to go further into the details of the case; suffice it to say, that in the course of eighteen months the whole nose, cartilages, septum, bones, &c. were successively attacked, and finally completely destroyed. The ulceration had also extended to the cheek of the opposite side. Subsequently to this, cicatrization gradually took place, leaving the patient in the state in which I saw him, six months after his recovery from the disease.

At this period, having accidentally come across a description of the Taliacotian operation in an old magazine, he applied to know whether anything of a similar kind could be done to remedy his frightful deformity. The following was his state as he appeared on the first examination.

The nose, as described above, had entirely disappeared, leaving in the place it originally occupied an opening about an inch in diameter, bordered by a firm cicatrice; the septum of the nostrils was destroyed, and the two nasal cavities thus thrown into one; externally a small cicatrix descended from the lower and left edge of this opening to the angle of the mouth. In the course of the disease the four front teeth had been lost, and this, together with the absorption of the alveolar processes, had caused a sinking of the upper lip, which had fallen an inch below the level of the lower one. An opening also existed between the lip and upper jaw, through which a probe might be passed from the

mouth into the nasal cavity. The sense of smell was quite lost, and he was subject to an occasional running of the tears over the face, arising undoubtedly from the too sudden contact of the air with the lachrymal ducts.

A thorough examination of his case having been made, and finding there was no positive obstacle against the possibility of the success of an operation, the difficulties of such an operation as would be required were distinctly stated to him, the improbability of its succeeding so as to restore the organ in such a manner that the deformity should not be known, that the new nose might become very much flattened, and perhaps on the appearance of cold weather gangrene might take place, and finally, that even his life might be endangered by it. I felt it my duty to state the case plainly, having seen all these accidents occur from the operation, and death in two cases being the consequence, from severe erysipelatous inflammation of the scalp.

Notwithstanding all these objections, he said that he was ready to incur any risk which would give him the least chance of having the deformity under which he labored obviated, as life in his present state was hardly desirable.

His case was certainly a hard one. A young man, in the prime of life, in other respects of a good face and appearance, was, by this frightful calamity, not only entirely cut off from society, but prevented from gaining the means of subsistence.

Having determined to submit himself to an operation, it was thought expedient to delay it a few weeks, in order to watch the case a little, and prepare him for it by a course of diet and regimen.

At the end of six weeks his health had materially improved, and as he still persisted in the determination of having an operation performed, preparations were made to do it as soon as possible, as on account of the approach of cold weather, no time was to be spared. At this period he was seen by my friend Dr. Peace, of Philadelphia, who was present with me at one or two operations of the kind practised by Dieffenbach in Paris, and he declared, as his opinion, that the appearance of the patient offered every chance of success. The favorable circumstances were—the healthy state of the integuments surrounding the opening of the nasal fossa, the great height of the forehead, the whiteness and delicacy of the skin, and, added to this, the good state of his health. All the preparations having been made, the operation was performed on the seventh of September.

A piece of pasteboard, cut in the shape of the letter V, that is, of a triangular form, and with a projection from its base, corresponding to the column of the nose, was placed upon the forehead, and a trace made around it with the nitrate of silver; this being used in preference to ink, as recommended by Lisfranc, in order that it might not be liable to become effaced by the blood. A trace was also made around the opening of the nasal fossa, at the points where it would be necessary to remove the integuments for planting the new skin taken from the forehead. This was done the night previous, in order to prevent any undue delay on the day of the operation.

All unnecessary articles of clothing being removed, the patient was placed on a table in a recumbent position, his face towards the window, and the operator behind so as to have the full command of the head. The traces made by the nitrate of silver were about two thirds of an inch apart between the eyebrows, each side of the triangular portion of skin was three inches and a quarter in length, with a base of three and a half inches, and the projection for the column of the nose, which was to be taken entirely from the scalp, previously shaved, was an inch and a half long and two thirds of an inch wide.

The head being firmly supported by two assistants, the incision was commenced between the eyebrows, and the flap of skin dissected up so as entirely to isolate it from the skin of the forehead, except where, for the purpose of nutrition, it was left adherent at the root of the nose. The incision on the left side between the eyebrows was extended a little farther down than on the right, the better to facilitate the twisting of the flap. This incision included the skin, subcutaneous cellular tissue, and a portion of the occipito-frontalis muscle, care being taken not to raise the periosteum, from fear of necrosis.

The flap thus dissected and twisted round to the left side, was carefully wrapped in a compress of linen cloth, and before the operation was proceeded further in, attention was given to diminishing the large wound made in the scalp. Little hemorrhage had taken place, and the temporal arteries which had been cut, very soon retracted and ceased bleeding. The angles of the wound were first brought together by the twisted suture, two pins being employed on either side. Its edges between the eyebrows were also approximated in a similar manner; by this means the wound in the forehead was diminished at once to less than half its original size; it was still farther reduced by the use of a few strips of adhesive plaister, and a little scraped lint filled up the remainder of the wound. Some lint spread with cerate was spread over the whole surface, a pledget, and the whole secured by a bandage round the head.

The next object was to fix the borrowed skin in its place. In order to do this, it was necessary to freshen the borders around the opening of the nasal fossa, the traces of which, as stated above, had been previously made with nitrate of silver. For this purpose a short narrow knife, somewhat similar to a cataract knife, was used, and a strip of integument a third of an inch in breadth, removed, including all that portion which had been at all indurated during the cicatrization of the ulcerations. The knife was also passed between the lip and upper jaw, in which existed, as before stated, an opening large enough to pass a probe, and the adhesions between the two, for the space of an inch, entirely cut away. This was done for the double purpose of giving the column of the nose a more deep and firm adhesion, and, in the inflammation which would subsequently ensue, to close up the unnatural communication between the mouth and nasal cavity.

The flap was now brought down into its place, its angles a little rounded with the scissors, the better to simulate the alæ of the nose, and the whole secured in its place by pins and points of the interrupted su-

ture. From that portion of the skin which was to form the column of the nose, the epidermic side was pared a little, so that it might form an adhesion not only underneath to the jaw, but on its sides to the quadrangular wound made for it in the upper lip.

A little scraped lint was now placed under the ends of the pins, and a strip of oiled lint introduced into each nostril to prevent adhesion; another strip was placed upon the nose to preserve its temperature. The dressings were secured by a band of adhesive plaister fixed to the forehead above, and partially divided in the middle, so that it might descend on each side of the nose to the lip.

During the whole of this long and painful operation the patient kept up his courage, and not a cry was uttered, nor the least struggle made that could at all impede the motions of the operator. Not much blood was lost, and his strength was so little exhausted that he was able to run up stairs to his chamber. He was ordered to go to bed immediately, to keep perfectly quiet, and a watcher left with him, who had directions, in case of his falling asleep, to prevent him from either rolling over on his side, or raising his hand to the nose so as to derange the dressings; also to wake him immediately should he breathe through the nose. To have arrow-root or gruel and lemonade, for nourishment.

On visiting him in the afternoon he was found comfortable; the new nose was warm, and had bled a little from the edges which formed the nostrils, both showing the circulation was not at all impeded.

Sept. 10th. Passed a good night, slept well, pulse seventy-nine, complains of no pain, the nose of about the natural temperature. The gentleman who watched with him thinks that the lint on the right side of the nose was occasionally raised a little during expiration, when the patient slept soundly; he awoke him once or twice on this account. A purgative was ordered of the sol. sulph. magnes. and liquid farinaceous diet. A piece of cork was confined between the teeth, so as to keep the mouth open, it being hoped that this might prevent him from closing his lips during sleep and breathing through the nose.

11th. Quite as well, passed a quiet night, has a good appetite, pulse eighty. Watcher says that he occasionally made a motion to raise his hand to the nose, but, as if instinctively aware of the impropriety of it, withdrew it again without touching the dressings. The introduction of the cork into the mouth had entirely effected its object, by preventing the passage of air through the nose.

12th. The first dressing took place four days after the operation, and the following was found to be the state of the parts.

The dressings on the forehead, after being well soaked were first removed. The angles of the wound were found to have united throughout, so that two of the pins were at once dispensed with. Union had also taken place in its lower part, just above and between the eye brows; the remainder of the wound, that is, its central part, in which union by the first intention could not take place, was suppurating well, and filled with healthy granulations.

The nose was next attended to. Upon the lint being removed, which had become very much hardened and caked in by the coagulated blood,

it was found that entire union had taken place on both sides. The alæ of the nose and lower edges could not easily be seen without making use of too much violence in removing the dressings, which at present was not thought necessary. The columna was curved inwards, and the sutures concealed. The nose was of the natural color and temperature, and the circulation through it seemed uninterrupted.

Two strips of lint dipped in oil were laid over the cicatrix on each side of the nose, and no other dressings used. The patient was allowed to sit up a little, and to take any article of food of the liquid kind he might fancy.

On the 13th he was quite as well, with the exception of a little œdema of the upper eyelids, arising, undoubtedly, from the pressure of the bandages and other dressings on the forehead. One of the pins was removed from the forehead on the 13th, and another, the only remaining one, on the following day. The dossils of lint which had been placed in the nostrils still remained there, firmly caked in by the drying of the pus, blood, &c. These were not removed until the 19th, when their places were supplied by two pieces of hollow sound. Some difficulty was found in the introduction of the tube into the right nostril, which had become partially filled with granulations.

On the 14th a quantity of hair began to appear on that portion of the skin forming the columna of the nose, which, as will be remembered, was taken from the scalp; this hair, from time to time, required to be removed with the scissors. He was put upon a nourishing diet, with the caution to use the jaws as little as possible. He stated that occasionally, when he swallowed, he had a sensation as though he would "swallow his nose."

15th. The remaining pins were removed from the side of the nose, and the two sutures which confined the alæ; and on the 17th, ten days after the operation, the two ligatures, which confined the columna in its place, were also removed.

At this period, the following was the state of the parts. The wound in the forehead, from the adhesion by the first intention which had taken place, and subsequent contraction, had diminished to a third its original size, and the small triangular space which remained, together with that portion of the scalp from which the columna of the nose had been taken, was filled with healthy granulations. From the wound to the root of the nose was a lineal cicatrix two inches in length, and continuous with the cicatrix on the left side. Adhesion of the integuments had taken place on both sides of the nose; at the right alæ, however, the union was not quite so perfect as at the left; that is to say, the whole thickness of the skin did not appear to have united. To assist the union, the skin of the face which lay under it was slightly scarified with the point of a lancet.

The columna of the nose was a little curved backward, and its edges had retracted inwards upon themselves. The inside of the nose was suppurating well, and at its upper part adhesion seemed to have taken place between the two bleeding surfaces which had been opposed to each other. The tip of the nose was well defined, and its edges were curved

inwards so as well to simulate the natural appearance of the alæ, and just above the alæ, apparently from atmospheric pressure, a depression was taking place, forming their superior boundary. This was assisted by the patient making an occasional pressure with his fingers at these points. He feels well, has a good appetite, and sits up all day. He breathes freely through the tubes placed in the nostrils, which require to be daily removed in order to clear out any obstructions which may collect in them.

At the end of a month the wound in the forehead had contracted to about a quarter of its original size. Adhesion of the nose was perfect at all its points. The openings of the nostrils were regularly rounded, and simulated well the natural appearance. The tip of the nose is well preserved, and a regular curve takes place from its root to the end of the organ.

At the end of six weeks he was able to go out and walk about during the evening, but as the weather became cold he was advised to confine himself to the house, as cold evidently had a very great effect in retarding the cicatrization of the wound in the forehead. By reference to the second figure on the plate which accompanies this paper, a pretty correct idea will be formed of the state of things six weeks after the operation.

At the end of two months it was thought time to proceed to the second operation, which was required to remove the twist existing at the root of the nose. It will be easily conceived by referring to the plate, that underneath the pedicle which connected the nose with the forehead, a small portion of sound skin existed, and that of course no adhesion had taken place between this portion and the pedicle lying over it. The method usually adopted by operators has been to cut the pedicle, after sufficient union of the nose has taken place below to justify the separation of it from its source of nutrition, and to fix it down at the root of the nose, in a transverse incision made for it at that point.

To this method there are some serious objections. First, the danger of inflammation in separating the pedicle; second, of sloughing of the organ on the vessels being cut which have hitherto supplied it with blood; and lastly, the very perceptible transverse cicatrix left after the operation. The method resorted to in the present case is liable to none of these objections, except, perhaps, the first one, in which the danger is much diminished.

This operation was as follows. An incision was made, commencing at the internal angle of the eye, and extending to that part of the base of the nose where adhesion had not been able to take place; a corresponding incision was also practised on the pedicle. The skin being well dissected up from its adhesion, a small portion of integument was removed from the upper angle of the wound, where it had become wrinkled from the twist in the pedicle. The edges were brought together by three points of the interrupted suture. The same operation was to be performed at a future day on the other side, where, however, the opening was of about half the size, and not so perceptible. Union took place, throughout, by the first intention. Some trouble was experienced, how-

ever, by the formation of a small abscess in the new cicatrix, which suppurated and discharged itself.

The third drawing, executed four months after the operation, when the cicatrization had become complete at all points, gives a very good idea of his present appearance. He now declares himself entirely well, no secretion takes place from the nostrils, and on looking into those cavities a new skin is found to line them throughout. The nose itself has contracted gradually, so that by the first contraction of the integuments, and the subsequent contraction from suppuration, it has decreased to almost two thirds the size of the flap which was taken from the forehead. Contraction also seems to be going on in its longitudinal axis, so that the distance between the tip of the nose and the mouth, daily increases. This will be much more perceptible, and the whole physiognomy of the nose much improved, when the four front teeth, which have been lost, are replaced. This will bring out the under lip, and at the same time raise the tip of the nose. The cicatrix in the forehead has become very small, and is gradually assuming the color of the surrounding integuments. The scalp from which the columna was taken is lost in the hair. The nose is quite firm, of a good form, and the cicatrix on each side hardly perceptible; at the root of the nose on the left side, and at that portion which formed the pedicle, a small fissure still remains, which is for the present concealed by a strip of court plaster.

The health of the patient has never been better, his sense of smell is returning, and the tears no longer run over the face, and he, as well as his friends, congratulate themselves both on the moral and physical effects of the operation. He is now able to make his appearance during the daytime, which he has not done before during the last two years, and no person would observe anything remarkable in the nose, without a minute examination, when it would be difficult to explain the remarkable anatomical changes which have taken place.

Remarks.—In an operation like the present, of comparative rarity in this country, it will not perhaps be considered amiss, if a few remarks are offered on some of the most interesting points connected with its history, and of the chief difficulties which may occur to prevent its success.

The operation of Rhinoplastic is originally of very ancient date. For various reasons, however, it had fallen into most unmerited disrepute until of late years, when it has been again revived in Europe by the brilliant successes of Graffe, Dieffenbach, and Labat on the Continent, and Liston in Great Britain. Dieffenbach, in his late visit to Paris, where, with the accustomed liberality of the French, all the hospitals were thrown open to him for practising his celebrated operations for the restoration of parts, has, perhaps, done more than any other operator towards giving it its proper standing in surgery.

In the most ancient operations of this kind, the lost organ was restored at the expense of the integuments in its immediate neighborhood; advantage being taken of the extensibility of the skin of the cheeks, the integuments were dissected up on both sides of the nasal fossa, brought forward, and united in the centre by points of the interrupted suture.

In case of the extensibility of the integuments not being sufficiently great, incisions were made on both sides in front of the ears, so as to diminish the tension of the skin at these parts, the wounds thus made being afterwards allowed to fill up by granulation. This operation, however, did not, as will be easily perceived, restore the form of the lost organ, and the only advantage gained was a flap of skin to cover the existing deformity.

The operation which was afterwards adopted, and which at present bears the name of the author, was that of Taliacotius, which consisted in taking the skin required, from the arm, or, in some cases, from the body of another person. The given shape of the nose being marked out on the place determined upon, the flap was dissected up, except at its base, and the integument thus taken was confined in a place prepared for it around the nasal fossa. In this operation, it was required that the arm, in case it was taken from that part, should be confined in contact with the face, for the space of ten or fifteen days, or until union had taken place; and it was not until then that the arm was released from its situation. The disadvantages of this method are at once manifest; the length of time required to keep the limb in this painful situation, so as in some cases to produce partial paralysis, and the danger that ensued in the too early separation of the transplanted skin from its source of nutrition, were, of themselves, reasons of sufficient weight to cause this method to fall into disuse.

The operation which has attained the most celebrity, is that which goes by the name of the Indian Method, in which the flap is taken from the forehead. This has been most frequently practised in France and England, and it is this method, which, it will be perceived, has been adopted, with some modifications, in the present case.

Having thus briefly referred to the history of the operation, some remarks will now be made on the chief difficulties which occur in the course of it, and the means taken to obviate them.

No operation, perhaps, requires more attention to the nice points of detail, than that now under consideration; and it is on these that the ultimate success of the operation, in a great measure, depends. For information on this subject, we cannot do better, than by referring to the work of M. Labat, one of the most valuable monographs on rhinoplastie for reference yet published. The author, after having referred to the occasional trouble which he experienced from hemorrhage while dissecting up the flap of skin from the forehead, goes on to state, "But an inconvenience much more embarrassing, and to which it was necessary to be resigned, from the impossibility of remedying it, was occasioned by the great quantity of blood, which, entering the throat, was violently expelled from the mouth every time that the pain of the operation forced the patient to cry out. But what was much more troublesome still, was its being repeatedly received in the eyes of the operator, so as once or twice to oblige me to discontinue the operation for the space of some seconds."

The difficulty which the author here complains of, was remedied in the present instance by a very simple means. Instead of placing the

patient in an upright position, he was made to lie upon his back on a table, the operator behind him; the blood was thus conducted off on each side of the face, instead of passing over the nasal fossa and mouth, and entering the throat. To guard against any possibility of this accident taking place, plugs were confined in the opening of the nasal cavities, during the dissection of the flap, and the time occupied in closing up the wound on the forehead. When the operation was commenced around this opening, and the entrance of the blood was unavoidable, the patient, who maintained sufficient coolness throughout, was requested to keep the blood as long as possible in the mouth, and an assistant directed to clear out, with a small sponge, what had collected, as occasion required.

We give the account of another trouble, in the author's own lively description, which, fortunately, was avoided in the present instance.

"But an accident of much more gravity, and which placed me in a very critical position, presented itself at a moment, when, after having detached from the forehead the flap of integument, I was about to bring it down into the place it was destined to occupy. Previous to making this twist of the new flap, it was thought necessary, as I have before stated, to prolong the incision on the left side as far as the medium line of the root of the nose, in order to facilitate the torsion of the pedicle; the patient experienced, at this moment, such a violent pain by the inevitable division which it was necessary to make of some of the ramifications of the frontal branch of the ophthalmic nerve of Willis, that he escaped from the hands of the assistants, rushed towards the door, and was determined not to undergo the remaining part of the operation. At this moment, the physiognomy of L. presented a most frightful aspect; his forehead covered by a large wound, the borders of which, retracted by pain, had greatly augmented its extent, and all the rest of the face, his neck, and garments, inundated with blood. But a sight which was much more horrible to behold was the flap of palpitating integuments, which at every moment were jerked from one side of the face to the other."

In the present instance, no particular suffering was observed by the extension of the incision down between the eyebrows; and in case of any difficulty of this kind, the complete command in which the patient was held, from the position adopted, would have prevented any of the evils complained of by M. Labat.

One of the greatest difficulties of the operation, and that which, in its consummation, occupied the most time, was the passing of the pins which were to close the wound in the forehead, and to confine the new nose in its situation. To remedy this as much as possible, the pins to be employed, which were the long pins, generally used by naturalists, were previously sharpened; and for introducing them, a little instrument was constructed, somewhat similar to the aneurisinal forceps of Dr. Physick, made with a small groove to receive the head and upper third of the shaft of the pin. With this instrument the pins were readily seized, and pushed through the skin, and the ligature being applied, their ends were cut off by the scissors or cutting pliers.

At that part of the flap which was to simulate the alæ of the nose, as it was necessary that the integuments should be directed inwards, the pins, of course, could not be used, and here a plan recommended by M. Labat was adopted, which was followed by partial success. A thread being passed first through the integument of the face, and then through the flap, at about two lines distant from their edges, the ligature was so tied as to produce, as it were, a fold at that point; and the better to effect this object, a small piece of adhesive plaster, rolled up into the form of a cylinder, was confined under the threads, so as to make a strong compression on the wound and to force the edges into their places. This succeeded completely on one side; on the other, however, the union, at first, was not so entire, the skin adhering only by about half its thickness.

During the whole of the treatment, it was necessary to keep the openings of the nostrils distended by small tubes. The substance which seemed to answer the best for this purpose, was a portion of the barrel of a quill; the end which was to remain in the nose, being stopped up with a little melted sealing wax, and a small aperture cut in the side through which the air could freely pass. These were ingeniously constructed by the patient himself, who, after a time, was able to manage them without difficulty. The tendency to contraction at these points was very great, so that at one period, the tubes being left out during the night, it required considerable force to replace them.

From the new nose being formed entirely of skin, it will perhaps be supposed, that the integuments composing it are flaccid, and the form of it easily destroyed. This, however, from reasons easily appreciable, is not the case. The integuments of the scalp being naturally of great thickness, by the suppuration which took place from the inner side were made to assume a firmness almost similar to fibro-cartilage; and at the root of the nose, the internal surfaces coming in contact, contracted adhesions so as to make the nose perfectly solid at that part. The size, also, of the columna, which doubled upon itself and contracting deep adhesions during the inflammation which took place, forms a round and solid pillar to support the tip of the nose.

Great precautions had been taken to guard against exposure to the cold, which, by stopping the circulation, might at once defeat the whole object of the operation. As soon, however, as adhesion had taken place, it was perceived that no danger from this source was to be apprehended; and although during the winter he has slept in a room in which water has frequently frozen, and has been since repeatedly exposed during some of the coldest days, he finds that the temperature of the organ is never greatly diminished.

The cicatrization of the wound in the forehead was greatly retarded by the cold weather, and less than half the time would have been required, had the operation been performed during a warmer season; when it had diminished to a small size, and cicatrization, as frequently is the case in the filling up of large wounds, seemed to have been arrested, great benefit was found from the use of an ointment composed of six drops of creosote to an oz. of simple ointment. On the application of this to

the wound, the effects were at once apparent. A small pellicle formed over its whole surface, which was shortly replaced by a firm, consistent cicatrix.

In one or two cases operated upon by Dieffenbach, much swelling took place in the new formed nose the day after the operation, arising from the difficulty of the blood, which had entered by the arteries, being conducted off by the veins. In one case the nose became so enormously distended, that it was feared the adhesions would be entirely destroyed, and it was only by the repeated application of leeches, 70 or 80 being employed in the course of 48 hours, that this danger was finally avoided. In the present case, from the extension given to the incision on the left side, care being taken that traction should not be made too forcibly on the part, so as to compress the pedicle at its base, the circulation was, from the first, unobstructed.

In the account of the foregoing case, it has been attempted to bring forward some of the most important points which might be of service as a guide to future operators; and if the author has been so fortunate as to throw any new light, however small, on the operation, he will feel that he has rendered a service to science and to humanity.

Boston, March, 1837.

J. MASON WARREN.

LARGE DOSES OF CALOMEL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR—The author of "Remarks on Itinerants," in his third number, speaking of mercury and its preparations, says he has used it after all other remedies had failed, in doses of a teaspoonful heaped up, once in six hours, for a week, as a vermifuge. He says his patient was a little girl, five years of age. Now, Sir, I wish to inquire whether *calomel* was the preparation he used, and if so, was the article genuine? If he gave it internally, as is probable from the reading, what effects attended its operation besides the expulsion of one hundred and twenty-five worms? In other words, did it, or did it not, produce much impression on the system?

If, Mr. Editor, you do not deem these interrogatories unimportant, or in other respects objectionable, I wish them to be proposed, through the Journal, to the author of those remarks. N.

Vermont, Feb. 13th, 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH, 8, 1837.

STATE LUNATIC ASYLUM.

THE following are extracts from the report of the Chairman of the Legislative Committee on Charitable Institutions, which is a document high-

ly honorable to his character as a man of enlarged feelings and true benevolence. The result of the application to the General Court, will hereafter be given. It seems impossible that the claims of the Institution should be neglected in any respect.

"The State Lunatic Hospital is indeed a 'noble charity,' founded by a philanthropy and sympathy which are the offspring of an enlightened, liberal and benevolent spirit; 'to minister to a mind diseased,' to restore the aberration of intellect, and to revive the faculties of the soul, these are its objects, and these its heavenly offices. In the progress of mental and medical science, improved plans of treatment have been introduced into the lunatic hospital, followed by the most gratifying success. For chains and fetters, freedom is now allowed, kindness for severity, and for the cold, damp dungeon, the pleasant light of day. With the view of obtaining the necessary information, to enable the Committee to decide on the several subjects referred to them, they have visited the State Lunatic Hospital at Worcester, and made such personal examination as the opportunity offered. Of the general state of things, they can speak in terms of the highest approbation. The systematic order and regularity which prevailed throughout the institution, the attention to cleanliness, the devotion of the attendants to the duties of their places, all indicate a judicious system of management on the part of the superintendent."

"From the report of the trustees, and the investigations of the Committee, there are several subjects which they deem deserving the attention of the Legislature. First, respecting the purchase of more land, for the accommodation and benefit of the hospital. The Committee agree with the trustees, that it is indispensable to the completion of the general system of management, which has been so successfully pursued in this institution. Exercise of some kind is absolutely necessary, both for the restoration and continuance of health; mechanical occupation is well adapted to the condition of some, while to many the cultivation of a farm would be decidedly more beneficial; while this employment invigorates the physical powers, its moral influence is peculiarly favorable to the faculties of the mind—interest is excited, and feelings and sentiments infused and cherished, which no other agency can produce. Besides the high value it possesses as a remedial means, its importance on the score of economy ought not to be disregarded.

"The next subject deserving the consideration of the Legislature, is the importance of religious instruction, and public services on the sabbath. The evidence of the great advantage to be derived from this source is of recent date, but the facts are of the most satisfactory character; the results of actual experiment exhibit proof conclusive of the benign influence of the truths of divine revelation, in arresting the wandering mind, and in fixing the distracted thoughts. When no considerations which relate exclusively to this world, can make an impression upon a mind insane, the presentation of right views of the world to come, exhibiting higher motives for action, may produce a deeper and more lasting effect. As a most important appendage to the hospital, and affording a most efficient remedial agency, the Committee recommend the erection of a chapel.

"The sum charged for supporting a patient at the hospital has not hitherto exceeded the sum of \$2,50 per week, notwithstanding the high price of provisions; in some few cases it has been less, whereas the actual expense has, for the past year, been more than \$3,00 per week.

"The whole number of patients admitted into the hospital is 510; of this number about one half have been supported by themselves, or their friends; the other half is made up of state and town paupers. That this charity of the State may be enjoyed by all, it is desirable that the expenses for support should not be increased, but that indigent persons, not paupers, should have the benefit at even a less charge than \$2,50. With this object in view, the Committee suggest the propriety of paying the salaries of the officers of the hospital from the treasury of the Commonwealth, thus avoiding the necessity of annually voting a sum for contingencies, to supply the deficiency, which in the present arrangement must necessarily be done.

"The Committee would respectfully ask the attention of the Legislature, to the communication of His Excellency the Governor, on the subject of this interesting institution; also, to the report of the "commissioners for enlarging the State Lunatic Hospital," for a satisfactory exposition of the causes and circumstances which have rendered it necessary that an additional appropriation be made, to enable them to complete the object designed by their commission."

"The sum of \$10,000 is estimated by the commissioners, as sufficient for the completion of the building, and furnishing it ready for occupancy; and from its present state of forwardness, it is confidently expected that it will be prepared for the reception of patients by the time fixed in the original contract, the 15th of June, 1837.

"The number of patients which can then be well accommodated is from 230 to 250, and in the successful progress of improvement fondly anticipated, and by adopting a judicious system of classification, a still greater number may participate in the enjoyment of its privileges and blessings. Thus the bounty of the government will be extended, and be productive of an amount of good far exceeding all pecuniary considerations.

H. H. CHILDS, Chairman."

MEDICAL PREMIUM.

THE New York State Medical Society, at a recent meeting, passed the resolution that one hundred dollars be offered for the best dissertation on the following subject:—

"Diseases of the Spine, their causes, symptoms, and best mode of treatment.

The following gentlemen were appointed the committee on Prize Questions, for the ensuing year.

Drs. John B. Beck, James R. Manly, Richard Pennell, John C. Cheeseman, Thomas Downing.

The Dissertations to be sent to the committee before the first day of January, 1838.

P. VAN O'LINDA, Secretary.

Poisoning with Yew Berries.—A fatal case of poisoning with the berries or seeds of the yew (*Taxus baccata*), is related in the London Lancet. Of five children who had been seen under a yew tree, the youngest, aged three a half years, was soon after seized with vomiting, throwing up some of the yew berries. Before medical assistance could arrive, the child had been convulsed and died. The other children were slightly affected, and

recovered. On examining the dead body, several purple spots were found externally on the breast, abdomen, arms, legs and thighs; the pupils contracted; the intestines vascular. Within the stomach, were a very large quantity of mucus, and some masticated berries. On washing the stomach, several extensive red patches were observed, with the mucous membrane covering them so much softened as to be detached with the slightest friction. The lungs of a very florid red anteriorly, but dark posteriorly, where the blood had gravitated. The veins and sinuses of the brain and its meninges, were full of a dark-colored blood, and more vascular than natural. It has been thought by many medical men that these berries were harmless; and perhaps where the seeds have been eaten unmasticated they have proved so.

Health of New Haven, Ct.—A correspondent writes—"Our town has been unusually sickly during the last year. The number of deaths was about one hundred more than it has ever been before. This is attributable, in part, to the rapidly increasing population of the town; in part, to the unusual variety of diseases which have succeeded each other, particularly among children—influenza, whooping cough, measles, dysentery, mumps, and scarlet fever, having been uncommonly prevalent during the year; and in part to the unusual prevalence of quackery, which has caused many cases of disease to be severe, and even fatal, which to all appearance would otherwise have been mild. This was particularly the fact in regard to the dysentery of last fall, which was in most cases very mild, unless aggravated, in the commencement of the cases, by the Hygeian or Brandeth's pills, 'Dysentery Cordial' or some other nostrum."

Employment necessary for Lunatics.—At Saragossa in Spain, there is an asylum for the insane of all countries. The patients are divided early in the morning, into parties, some of which perform the menial offices of the house; others repair to shops belonging to their respective trades; the majority are distributed, under the superintendence of their guards, through a large inclosure, where they are occupied in the works belonging to gardening and agriculture. Uniform experience is said to prove the efficacy of these labors in reinstating reason in its seat. It is added, that the nobles who live in the same asylum, but in a state of idleness suitable to their rank, retain their lunacy and their privilege together; whilst their inferiors are restored to themselves and to society. This fact is so striking, explains so thoroughly the moral treatment of insanity, and illustrates so clearly what ought to be the plan adopted in all systems of education, that I make the statement without comment—since no argument can add to its weight, and no sophistry detract from its utility.

Oil of Turpentine in Tetanus.—A young lady, aged seventeen, who lives about three miles from Darlington, wounded her hand with a rusty nail, in a very slight way, so as not to draw blood. In a few days her hand and arm became stiff, and very painful on motion, as well as the jaws and the muscles of the neck and throat. She was chiefly attended by my partner, Dr. Macfarlan, who had not joined me when a former case was under my care; but as soon as I related the effect to him, he lost no

time in administering the turpentine, and after a hard struggle there was every reason to believe that it was made the means of restoring her to health. To be sure, the wound was laid open more than once, and many topical applications were used, such as poultices, fomentations, &c., but as these measures were never before known to be successful in traumatic tetanus, we may fairly give to this medicine the credit of the cure. It would give me much pleasure to hear that some of the hospital surgeons had made a trial of it.

About twenty drops in a little mint-water would be a proper dose for an adult.—*London Lancet*.

Cholera.—Recent advices from Europe announce the appearance of this scourge of man in places where it was thought to have expended its destructive power long ago. After all that has been said of the easy management of Asiatic cholera, it is very certain that the profession know no more about it, in reality, than when the development of this modern pestilence was first promulgated.

Medical Miscellany.—The cost of supporting the State Lunatic Hospital one year—from Dec. 1, 1835, to Dec. 1, 1836—was \$23,272 61.—The Thomsonians have become so numerous, that they begin to be jealous of each other.—Brandeth's expositor died in embryo.—Scarlet fever has been prevalent at Woonsocket Falls, R. I.—Two hundred dollars were paid into the treasury of Williams College, the past year, for the president's signature to medical diplomas.—Dr. Cobb, of Cincinnati, will lecture at Brunswick in a few weeks.—The patients seeking relief at the Boston Eye and Ear Infirmary are numerous. The operating day is Monday, between the hours of twelve and one.—Nothing could be more absurd than the idea lately advanced that carpets are productive of pulmonary diseases: more people suffer for the want of them than by the use of them.—Dr. Woodward thinks that but a few are so completely insane as to be beyond the reach of *moral instruction*—"and perhaps I may add, *moral responsibility*."—Dr. Buller, of Hamburg, uses, it is said, a new instrument for amputating limbs, which takes off a leg in one second—probably he employs a guillotine.—Dr. Poyen is about commencing another course of lectures at Chauncy Hall.—Dr. Jackson, who is engaged in the geological survey of Maine, will soon begin his lectures, it is said, at Augusta, on geology.—An aged lady was suffocated by the fumes of charcoal, at Gorham, a few days since.—The number of marriages in the city of Havana, in 1836, were 400; births, 4007, and deaths 4778.—Since 1804, 317,566 persons have been vaccinated in the Island of Cuba.—There were thirty deaths last week in New York, of Scarlet fever.—The last number of the Lynn Mirror contains some excellent popular remarks on the steam and lobelia system.—The whole number of deaths in Lowell the last year, was 276. Rate of mortality, 1 in 63.—The influenza was destroying a great number of lives in England at the latest dates.

Whole number of deaths in Boston for the week ending March 4, 30. Males, 11—females, 19.

Consumption, 3—hooping cough, 1—inflammation on the brain, 1—worms, 1—rheumatic, 1—drowned, 1—inflammation lungs, 1—dropsy on the brain, 1—suicide, 1—croup, 3—convulsions, 1—infantile, 5—lung fever, 3—intemperance, 1—stoppage in bowels, 1—disease of the heart, 2—cholera infantum, 1—scarlet fever, 1—old age, 1—stillborn, 5.

COPLAND'S DICTIONARY, PART III.

A DICTIONARY of Practical Medicine; comprising General Pathology—the Nature and Treatment of Diseases, Morbid Structures, and the disorders especially incidental to climate, to the sex, and to the different epochs of life—with numerous prescriptions for the medicines recommended, a classification of diseases, according to pathological principles, a copious Bibliography, with references, and an Appendix of approved Formulae; the whole forming a library of Pathology and Practical Medicine, and a digest of Medical Literature. By JAMES COPLAND, M.D., Consulting Physician to Queen Charlotte's Lying-in Hospital; Senior Physician to the Royal Infirmary for Diseases of Children; Member of the Royal College of Physicians, London; Member of the Medical and Chirurgical Societies of London and Berlin, &c. This day published by W. D. TICKNOR, corner of Washington and School streets. March 3

A BARGAIN.

A PHYSICIAN in the County of Kennebec (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

11

VERMONT MEDICAL COLLEGE, AT WOODSTOCK, VT.

CONNECTED WITH MIDDLEBURY COLLEGE.

(Incorporated by the Legislature of Vermont, October, 1833, with the power of conferring degrees.

THE Annual Course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

H. H. CHILDS, M.D.	- - - -	Theory and Practice of Medicine and Obstetrics.
GILMAN KIMBALL, M.D.	- - - -	Physiology and Surgery.
DAVID PALMER, M.D.	- - - -	Chemistry and Materia Medica.
ROBERT WATTS, JR., M.D.	- - - -	Anatomy.
NORMAN WILLIAMS, A.M.	- - - -	Medical Jurisprudence.
D. C. PERRY, M.D.	- - - -	Demonstrations in Anatomy.

The usual number of Lectures will be five, daily—besides the Demonstrations in Anatomy, and occasional evening examinations.

Considerable additions are now making to the Chemical apparatus; and opportunities will be furnished to students for practical anatomy, arrangements for that purpose having been made last year in the city of New York.

No subject for dissection will be received from any person, or on any terms.

Fees for the course, \$15. Graduation, \$15. For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Pierce, Esq., Treasurer of the Institution. Board is usually furnished at \$2 per week, including room, wood, light, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study.

Degrees will be conferred at the close of the lecture term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation.—Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. For particulars relating to private instruction, students are referred to the annual catalogues of the School.

By order of the Trustees,

NORMAN WILLIAMS, Secretary.

NOTE.—The Annual Course of Lectures at the Berkshire Medical Institution commences the last Thursday of August, at Pittsfield, Mass., and continues thirteen weeks.—Fees for the Course, \$50. Feb. 13—1339

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing dragging and bearing down sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$40.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA PERREN, Portland, Me.; JOSEPH BACON, JR., Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn.

Oct. 5—6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 151 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D., Editor.—Price \$2.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVI.]

WEDNESDAY, MARCH 15, 1837.

[NO. 6.]

NOTES OF A WESTERN TRAVELLER.

[DR. DRAKE, of Cincinnati, editor of the Western Medical Journal, has been engaged, during the past year, in a personal examination of the vegetable and mineral productions of the Valley of the Mississippi. From the "Travelling Memoranda" in his Journal, we select the following.]

Nashville, Tennessee, July 21st, 1836.—From Huntsville to this city, by way of Pulaski and Columbia—a distance of 114 miles—the road traverses the upper trunks and branches of Elk, Duck and Harpeth rivers, neither of which is of great volume. Throughout the whole distance it passes over a lime-stone formation. For the first 25 miles, this stone is the same with that about Huntsville, and constituting the basis of *Monte Sano* in its neighborhood. It is in thick massive strata, of an ash color, and containing but few organic remains. Abounding in rents and caverns, it collects the rains into copious, perennial springs. The traveller observes this stone to graduate into a bluish lime-stone, more opulent in petrifications, and in thinner laminæ—almost exactly resembling that found along the Ohio, from Maysville to Louisville. The moment he has fairly gotten upon this variety of the great western calcareous formation, he observes a change in the kind of vegetation, and finds himself in the midst of the trees and herbaceous plants of Kentucky, Ohio, and Indiana. Such is the invariable relation between soils and their vegetable productions. He remarks still farther, that the number of copious perennial springs has diminished; and, I should have added above, that the red soil with its fragments of chert or petrosilex, is replaced by a yellowish loam, much less abundant in those silicious reliquæ of the rocks which have been decomposed, because the blue lime-stone contains fewer embedded flints than the ash-colored. Elk, Duck and Harpeth rivers, seem like those of Kentucky, to become nearly exhausted of water in the summer, to have a sluggish current, and narrow alluvial bottoms. The whole surface of the country through to this place, is indeed rolling, dry and comparatively free from the ordinary sources of malaria. Still, in the immediate neighborhood of the small and lagging rivers, exhalations of this kind arise. In passing over this region, the traveller who belongs to the banks of the Ohio, is struck with the fact, that the amount of loam and soil on the surface of the rocky strata is much less than in Kentucky, and far less than in Ohio, Indiana and Illinois. What causes may have determined a more rapid

disintegration of the rocks further to north, and a consequent deeper bed of earthy matter, is not perhaps easily known, when they so nearly resemble each other in constitution and constituents. Throughout this part of Tennessee, the rocks are very often seen projecting their weather-beaten edges through the soil. Their constant decay, of course, keeps up its fertility, but still, on the whole, they lie too near the surface.

The spot on which this city is built, presents the *maximum* of this *deficiency*. Let the reader imagine, on the left or southern bank of the Cumberland river, an undulating plain, terminating abruptly at the water's edge, and rising from 100 to 150 feet above the surface of the stream, with so much of the soil removed, that even shade trees cannot, without blasting the rocks, be cultivated in the streets, and he will have a *prima facie* idea of the site of Nashville. Let him, then, fancy the exposed strata to abound in organic remains, and to be covered, wherever the trees have not been cut down, with red cedar (*Juniperus Virginiana*), and his conception of this picturesque spot, as far as its natural features are concerned, will be nearly complete. To perfect it, however, he must ascend the beautiful, regular, oval eminence, denominated from the standing grove, Cedar Hill, and take the panoramic view which can there be had, when he will at once come to the conclusion, that Nashville is not only picturesque and beautiful in its natural scenery, but, notwithstanding the presence of a winding river, enjoys all the geological elements of a healthy situation.

Just below the city, there is, it is true, a ravine opening into the bed of the river, which in high floods is filled with water to a great depth. But its shortness and narrowness render it comparatively innocent as to the production of malaria. In the bottom of this ravine, quite adjoining the city, is a sulphur well, slightly impregnated with salt. It is an excellent water for invalids, and, what I regard as remarkable, is much frequented by the *people of the city*. High, however, as they esteem its waters, the hand of taste has thrown about it scarcely any of those decorations of which it is susceptible, and which would so greatly contribute to the attraction of strangers. The reason assigned for this neglect, is the repeated inundations to which the spot is liable; but these do not occur during the watering season, and it would not be difficult, by a moderate expenditure, in fences that could not float away, and in the cultivation of trees and shrubs and grass that would bear submersion, to increase the natural beauties of the spot, till, with due arrangements in the city for the accommodation of those who are wont to visit watering places, great numbers could be annually drawn hither.

Lunatic Asylum.—The State of Tennessee has erected a hospital for insane persons, in this city. Patients have not been introduced into it yet. Its situation is retired, and at the same time sufficiently conspicuous. The benevolent mind cannot but long for the time, when every State in the West and South will follow the noble example of Kentucky, and construct at least one capacious and commodious edifice for the insane. On this subject, physicians might exert a great influence, and they owe it to themselves and the dignity of the profession, not less

than to the interests of humanity, to put forth the power which now lies dormant in them.

Physicians.—The profession in Nashville, notwithstanding the recent death of the estimable Dr. Roane, is respectable. Drs. Robertson, McNairy and Overton are among the old and eminent physicians of Tennessee; but the majority of the physicians of the city are young men. They are not organized into a society for mutual improvement; but they constitute the nucleus (and this is almost the entire crystal), of the State Medical Society, which holds, or ought to hold, its annual meetings in this city. The society makes a yearly publication of its proceedings, in connection with a professional address from one of its members; but notwithstanding a considerable array of names, as officers and committee men, its meetings on the whole, like those of other Western State Societies, are but thinly attended. The annual discourse of last spring, was by Dr. Buchanan of Columbia, on the Medical Topography and Diseases of Middle Tennessee, and appears on a slight inspection to abound in new observations. Much credit ought to be awarded to the few physicians who labor to maintain the organization of this State Society, and render it useful in the elevation of the profession.

University of Nashville.—Here we find Dr. Troost, an ardent, affable, unassuming old gentleman—old in years and science, but young and simple in his feelings and manners. I have just returned from one of his geological lectures—its topic the lime-stones of Tennessee. His acquaintance with the subject was manifestly most intimate and profound; but the taste of his class appeared to be different from his own; and I should not judge that it will ever turn out a successor to supply his place. The collections of Dr. Troost, especially in organic remains, are very great; but the arrangement of them is far better in his own philosophical mind, than in the various apartments into which they have been accumulated. Like most other enthusiasts in science, Dr. Troost is less intent on the pursuit of gain than glory. At his own expense, he makes many costly publications, illustrative of the fossil zoology of the State which has adopted him; and thus, by an expenditure from his very moderate salary, contrives to build up a scientific reputation in his native Europe. Happy, indeed, would it be for the country, if his example could awaken a general emulation among its physicians, professors and men of fortune.

The Trustees, by the advice of the learned and very talented President Lindsley, have taken a sort of lead in the West, in establishing a professorship of *Anatomy* and *Physiology*, as branches of study for under graduates. Dr. Jennings, one of the most able and enterprising physicians of the city, has been called to this chair, and seems bent on throwing around it the interest with which it is certainly susceptible of being clothed. It is easy to perceive, that in all this there is an ulterior object. Other professorships of medicine will in due time be added, and the University of Nashville, at no distant day, present to the profession a Medical Department. And why should it not? In Italy, almost every little principality has its medical school; and, along our own seaboard, from Long Island Sound to the Chesapeake Bay, a distance less

by one third than the length of Tennessee, there are six schools, and another seriously projected in Philadelphia. This State requires as many physicians as could be *well* educated in one institution; and Nashville is favorably situated for such an establishment. Moreover, the adjoining parts of Virginia, the Carolinas, Georgia, and Alabama, would contribute to the supply of pupils. I say let the project *go ahead*.

BRONCHOTOMY.

[Communicated for the Boston Medical and Surgical Journal.]

ON the evening of Dec. 18th, I was called to visit a little son of B. F. Beldon, Esq. of Burke, Vt. aged three years. The messenger said the boy had swallowed a nail.

On my arrival, the following history of the case was given by the parents. The evening of December 10th, while Mr. B. was engaged at his desk in arranging some papers, little William, with a young sister, were amusing themselves with a couple of small brass weights, 1-2 and 1-4 ounce. The father directed the weights to be replaced in the drawer, as he was about to leave the room, but did not observe whether it was done or not. When nearly out of the room, with a candle in his hand, the little boy proposed to go back and fetch in his arms a younger child. He passed about half across the room, then stopping, his father passed him, took the child in his arms, and was about to pass out, when Miss B. in alarm, exclaimed, William is choking to death. Mr. Beldon instantly raised the little fellow in his arms, who appeared nearly suffocated, slapped him with force between the shoulders, then turning him heels upward, applied his hand with forcible strokes to his bottom. These efforts gave no relief. His mother, supposing him to be choking with the brass weight, instantly thrust her finger into his mouth, intending to extricate it; in this she did not succeed, but soon the boy breathed freely, and said, I have not swallowed the brass, but have swallowed the nail. An eight-penny cut nail, broken off near the point, and judged to be from one inch and a fourth to one and a half in length, was well known by the family to have been lying near where the child was, and had been seen in his hand but a few minutes previous to the alarm.

The symptoms, from the time of the accident, had been frequent irritative cough; sometimes, though seldom, approaching to suffocation. He continued to run about the house and out at the door for two or three days; his cough and difficulty of breathing becoming now more urgent, it was concluded he had taken cold. His appetite failed him from the day of the accident, and though he could now, and at all times, swallow either fluids or solids, without the least difficulty, his principal diet was milk. Once, and once only, he had puked.

Now, full nine days since the accident, he is cheerful, though unable or unwilling to walk; pulse one hundred in a minute, breathing a little hurried, tongue clean, has frequent paroxysms of coughing, which last from a few seconds to one or two minutes. Breathing or disposition to

cough not quickly effected by posture, yet he chooses to have his head elevated and to recline only on the right side. Sleep is frequently interrupted by coughing. Occasional cathartics, expectorants and anodynes, had been prescribed by Dr. Brown, the attending physician. Though very intelligent for his years, he complains of no pain, and when definitely inquired of, he acknowledges no pain or disagreeable sensation at any point you refer him to. Placing the hand over the region of the right lung, either anterior or posterior, it gives a sensation like crepitus; to the ear it communicates a peculiar hissing and rattling sound, neither of which can be heard or felt over the left lung. These sensations were communicated both sleeping and waking, yet more distinctly when coughing.

The great question to decide was, whether the nail had passed into the trachea or œsophagus. On the decision of this, rested the hopes of the parents. My views on this point corresponded with those of Drs. Brown, Newell and Spaulding, all concurring in the opinion, and each formed separately, that the nail had passed into the trachea, and was fixed below the bifurcation in the right bronchia. I gave it as my opinion that the case, without an operation, was hopeless; and that, so doubtful of success, and so little prospect of relief offered by bronchotomy, that I should not then advise them to submit the child to an operation, but that they should, as the symptoms were not urgent, take twenty-four hours to make up their minds and consult their friends.

December 21, I was again called to Mr. B.'s, where I met Drs. Brown, Spaulding, Alexander and Densmore. The little boy's strength fails; he has become restless, and much more irritable than when I saw him before, not willing to have his pulse taken or to submit to any examination. All the physicians agreeing in opinion, the parents decided to have the child submitted to the operation.

Being provided with a pair of long and very small forceps, made expressly for the purpose, of soft iron that could be bent to any desired curve, silver wire in loops, and all the variety of instruments which it was thought possible might be needed, we proceeded to the operation. On a table of convenient height, suitably covered, we placed the boy, his head being bent over a fold of cloth, and projecting beyond the table. From the bloated state of the neck, the smallness of the trachea, and the enlarged veins, the direction of some being such that they could neither be avoided or pushed to one side, some two or three ounces of blood was lost, and one ligature had to be applied. A long time was occupied in making the dissection and opening the trachea, of which three or four rings were divided down as low as possible.

Should I say we were near one hour from the time of placing our patient on the table, until I cut through the trachea, I should not be far from the truth. Let those who think it a very easy matter, and quickly to be done, once have the trial on the *little* living subject, who has been breathing with difficulty, and coughing nearly to suffocation for ten or twelve days, and after such a trial they may speak with more certainty.

Not expecting the nail would be forcibly ejected, as may be the case with light substances, a blunt probe was introduced down into the right

bronchia, and the nail distinctly felt at the depth of about four and a half or five inches below the top of the sternum. I now tried the forceps, but before I could fix on the nail, the spasmodic action was so severe as to threaten immediate suffocation, and I was compelled to desist and withdraw the forceps. Again and again I tried the long forceps, other forceps, the wire loop, &c., but tried in vain. Drs. Alexander and Spaulding ably seconded my efforts, and more than once and again tried with various forceps and instruments, and with the like result.

Near two hours had now passed since the little boy was placed on the table, having been raised up frequently to take his drinks. During the whole process he made no resistance, and never cried, though often threatening to tell pa if we would not let him alone.

Our patient now appeared much exhausted, and we desisted from any further attempts to remove the nail, for one hour, during which time he rested quietly and slept some. We again made repeated trials to remove the nail, but without effecting our purpose, and were compelled, most reluctantly, to say we could not remove it; painful and humiliating as was this avowal, make it we must.

When the opening was made into the trachea, considerable viscid mucus was thrown out through the wound; and the night following, I tarried with him and found his breathing much freer than before; he coughed less, and rested better than usual. The dressings applied were simply strips of adhesive plaster.

I now leave the history of this case, December 24th, expecting to learn, in the course of a few days, of his death, and the dissection, which will show the exact situation of the nail.

Sequel to Bronchotomy.

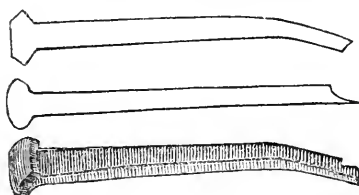
Under date of Feb. 6th, I received from Esquire Beldon the history of his son's case from the time of the operation down to date.

He says, "The air ceased to escape through the incision in thirty hours, and his breathing continued better than before the operation. About the 20th of January he had the appearance of having taken cold; his cough became more troublesome, with much phlegm. On the morning of January 23d, about six o'clock, his cough was still more severe, giving a different sound from that of any time previous; it was harsher, sharper, and resembled the barking of a fox. I hastened to light a candle, but before I could do this and return to the bed, William says, 'Pa, I have coughed the nail up.' I stepped to the bed with my light, and in a streak of phlegm and blood lay the nail, directly before his mouth, on the pillow, the head from him. I viewed it attentively before touching, to see if I could discover any matter (pus), but saw none."

Since the above date of February, I have seen both father and son; the boy appears well and hearty, his cough has entirely subsided, unless he is much irritated, when he coughs a little. Contrary to what was the fact before, he now, since raising the nail, lays on either side, or on his back, with equal ease, and his head low; whereas, before, he could lay

only on his right side, his head very high, or occasionally for a short time he would lay directly on his face.

The accompanying drawings will give you the exact size and length of the nail, with two or three different aspects to show its crook and broken end. Its measure is good 1 inch and 7-8; its weight, 55 grains.



That there is not a similar case, as it regards form, weight, &c., of a child so young having received such a substance into his lungs, and thrown it up by coughing, I will not venture to assert; but if such a case has occurred, it has escaped my notice, if reported.

A few practical inferences may perhaps be drawn from the foregoing case, and its, thus far, result.

Various instruments may, again and again, and repeatedly, for the space of one whole hour, be introduced through an artificial opening in the trachea, into the lungs, or rather into the bronchial tube, without taking life.

It shows that a substance of most unpromising form, and great weight (in reference to its bulk), may be thrown up by coughing.

It further confirms the safety, and *expediency* (because of its safety), of the operation, when light substances are received into the trachea, which being easily moved by air, would more likely produce immediate suffocation if remaining, and are almost certain to be removed directly, when the operation is performed.

CALVIN JEWETT, M.D.

St. Johnsbury, Vt. Feb. 13th, 1837.

CASE OF UTERINE HYDATIDS.

BY CHARLES HOOKER, M.D., OF NEW HAVEN, CONNECTICUT.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. C., aged 26, was confined with her first child about two years before the time of her death. From that time her health was never good. She had frequent serous and mucous, and sometimes colored discharges from the vagina, and her menstruation never became natural. About six months before death, she had symptoms of pregnancy—enlargement of abdomen, fastidious appetite, nausea, vomiting, enlarged mammae, *secretion of milk*, &c. Examination per vaginam detected enlargement of the uterus; but the stethoscopic signs of pregnancy being absent, I dissented from the full conviction of the patient and her friends in regard to her being pregnant. Three months before death she was attacked with flooding, and after severe labor pains a mass of hydatids, weighing 6 or 7 pounds, was discharged. A lochial discharge cor-

tinued about a week, as after parturition. Vomiting, diarrhœa, and general derangement of health, succeeded, with great pain and some fullness in the pelvic region. About a week before death she had a sensation "as though something had torn off," in the left iliac region; and from this time she rapidly declined, with the ordinary symptoms of peritoneal inflammation.

Post-obit examination discovered the ovarium adherent to the mesentery, and in that region an abscess had burst into the peritoneal cavity—probably occasioning the above-mentioned sensation. Around this, to a considerable extent, there was much peritoneal inflammation, with a deposition of pus, serum, and concrete lymph. The uterus was enlarged, and its cavity was lined with a thick, firmly adherent membrane of a dark livid color, and attached to this membrane, about the fundus, was a mass of fungous vegetations projecting into the cavity of the uterus. There were several small similar fungous protuberances on the external surface of the uterus, beneath its peritoneal coat.

GLASS EMBEDDED IN THE FOOT.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called in, as I was passing the house of one of my townsmen, to examine the foot of his son, which had been lame and sore for about two or three months, and had been discharging matter from an opening on the instep, nearly over the centre of the arch, for several weeks. On examination, I found something approaching the surface of the opening, which was hard, and somewhat loose, resembling a spicula of bone, which I supposed it to be. I seized the offending body with a pair of common forceps, and after considerable of a struggle, succeeded in extracting a piece of window-glass of a triangular form, 1 inch in length, and 3-8 of an inch in breadth, with the base downwards; the glass was covered with adhesive matter, which gave it rather a white appearance. I then inquired of the child, and his parents, to know whether he had previously been injured in that foot with glass, and also to get their opinion respecting the supposed cause of the present lameness. They all told me that some two or three months before, he had a horse step on his foot, which gave him some considerable pain at the time, but did not break the skin at all, and immediately the trouble commenced; and they also stated that about two years before, while playing, he stepped on to something which made quite an incision in the bottom of the foot, from which they extracted at the time a piece or several pieces of window-glass. It will be understood that from the time, or about the time, of the extraction of the first piece of glass, till the present, or till the horse stepped on the foot, which was two years at least, the foot was perfectly well.

Query.—Was this glass introduced two years before, and the passage through the foot (occasioned by the pressure in walking) so gradual as not to disturb the boy? or was the glass introduced from above? and if the latter, how came the broad end down?

H. A. SMITH.

New Haven, Vt. Feb. 21, 1837.

REMARKS ON ITINERANTS.

[Communicated for the Boston Medical and Surgical Journal.]

NO. VI.—ITINERANTS TRUMPET THEIR OWN FAME.

MERIT vaunteth not itself. In the preceding number, of which this is a continuation, it was taken for granted that this is a correct principle. A person who has merits, is not often brought to such straits as to be under the necessity of vaunting himself, or boasting of his abilities. Merit is calm and sedate—holds its peace—lets its acts proclaim its capabilities. When not called upon to act, there is a seeming diffidence connected with it. It is more inclined to keep back, than to protrude itself forward. This, though it may operate to its disadvantage at first, has a contrary effect in the end, and establishes its reputation upon a sure foundation.

In Pope's translation of Homer's *Iliad*, it is said of the wise Ulysses,

"But when Ulysses rose, in thought profound,
His modest eyes he fixed upon the ground;
As one unskilled or dumb, he seemed to stand,
Nor raised his head, nor stretched his sceptred hand;
But when he speaks, what elocution flows!
Soft as the fleeces of descending snows,
The copious accents fall with easy art;
Melting they fall, and sink into the heart!
Wondering we hear, and fixed in deep surprise,
Our ears refute the censure of our eyes."

Very different from this is quackery. This is loud and boisterous—swelled with vanity and puffed with conceit. This abounds with high-swalling words, and sets itself before everything. Quackery proclaims its own virtues and trumpets its own fame. All that has ever been discovered in medicine, from its dawn as a science, sinks into nonentity by the side of it. Learning is nothing, experience is nothing, wisdom is nothing. Colleges should be erased, libraries destroyed, and men of science banished. Hippocrates, who collected the scattered materials, and arranged what was before in a state of chaos, in regard to medicine, should be made no account of. Celsus and Galen, who made great researches, and still further systematized the science, should be looked upon as children who pile up cobs merely for their own sport. Boerhaave and Cullen, and Darwin and Good, who have formed such beautiful structures upon the art of medicine, and so simplified it as a science that it can be looked at, at a glance, have only acted the part of idlers who had nothing else to do. "What do we care," says quackery, "about what was learned two thousand, five hundred, or one hundred years ago? Diseases, and men, and the productions of the earth, were different then from what they are now. What care we for system? What does it all amount to? Let every man see for himself, and every man be his own schoolmaster. Nature yields the materials which are to be made use of as medicine, and nature makes physicians. It would be showing disrespect to the Deity to suppose that he would send diseases without sending remedies to heal them, or that he would send remedies without ready-made doctors to use them. Our opinion is, that there are vegetables enough in the world, without resorting to mineral

and metallic substances, to cure all the diseases there are in it ; furthermore do we opine, that every region of the globe, climate, district, yields the remedies which are to be made use of in that region, climate, district, and that remedies brought from any other region than that where the diseases in which they are to be used happen, do more hurt than good ; still further do we opine, that we are the only real doctors, that we are the ready-made ones, that we can cure all sorts of diseases, and finally that we shall root out all the doctors that found their skill upon learning and experience. This is our philosophy, and it is worth all the fine-spun philosophy that could lie between here and Mount Homojuncto."

O ho ! I am all in the wrong. My introductory sentence, my motto, are wrong, and all the inferences drawn from them are wrong. If further proof is wanting to make it appear so, here it comes. I will introduce you to Dr.—what is his name ? I have forgotten, but it is no matter. He has a scroll in his hand, and he is about to trumpet his own fame. Let us hear. "Cured in five years :—scrophula, one thousand cases ; white swellings, seven hundred and fifty-nine ; sciatica, one thousand two hundred and fifty-eight ; curvature of the spine, dislocation of several of the lumbar vertebræ, and broken neck, each two hundred and twenty-one ; incurable diseases of every kind, and natural deformities, five hundred."

There is a physician for you—none of your tardy-grown, science-decorated M.D.'s—but a natural doctor, just as he was born into the world. My first position was a bad one. It is blown to atoms. I must choose a new motto. What shall it be ? Leave out the *not*, and it will read thus—"Merit vaunteth itself." This will do. I shall not need to go over my work again. We will *say*, then, that merit vaunteth itself. My title is, that itinerants trumpet their own fame, and we will close by saying that they are the only real doctors. F.

A reply to the queries of "N," respecting large doses of calomel, shall be given next week.

STATISTICS OF THE FRENCH HOSPITALS.

[Translated from Journal Hebdomadaire des Progres des Sciences Medicales, for the Boston Medical and Surgical Journal.]

ACCORDING to recent researches there are in France 1349 hospitals and asylums. The changes of patients during the year 1833 in these establishments have been as follows :—

Patients on treatment 1st Jan. 1833	-	-	-	-	154,253
Do. admitted during the year,	-	-	-	-	425,049
Total	-	-	-	-	579,302
Of this number have left	-	-	-	-	381,169
" " died	-	-	-	-	45,303
Remaining on treatment Jan. 1, 1834	-	-	-	-	152,830

The revenue of the hospitals for the year, total	-	\$10,244,412
Expenses of do. do. do. - - - -	-	9,768,419

Hospitals of Paris.

There are in Paris, twelve hospitals, as follows:—

<i>Hotel Dieu.</i>	To this hospital are admitted all but children, the insane, the incurable, lying-in women, and venereal and chronic diseases.	Beds, 1000
<i>La Pitié.</i>	Same diseases as the above,	“ 600
<i>La Charité.</i>	Same diseases as above,	“ 300
<i>St. Antoine.</i>	Same as above,	“ 250
<i>Cochin.</i>	Same as above,	“ 200
<i>Necker.</i>	Same as above, and a special service for treatment of stone by lithotrixy,	“ 140
<i>Beaujon.</i>	Same as Hotel Dieu,	“ 150
<i>Des Enfants.</i>	For children from 2 to 15 years,	“ 550
<i>St. Louis.</i>	For diseases of the skin, ulcers, scrofula, &c. Daily gratuitous consultations; medicinal, steam and sulphur baths, &c.	“ 700
<i>Des Veneriens.</i>	For venereal diseases,	“ 650
<i>Maison Royale de Santé.</i>	Designed for the sick or wounded, who pay from 3 to 6 francs per day, according to their attentions,	“ 175
<i>Maternité.</i>	For lying-in women,	“ 350

There are in Paris also ten hospices, or asylums, as follows:—

<i>Des Enfants Trouvés.</i>	For reception, nursing, and putting out of foundlings,	“ 258
<i>Salpêtrière.</i>	For aged women,	“ 5100
<i>Bicêtre.</i>	For aged men,	“ 5200
<i>Incurables.</i>	For women and children, 525; men, 455,	“ 980
<i>Laroche faucaud.</i>	Indigent of both sexes, aged and infirm pensioners,	200
<i>Des Orphelins.</i>	Half for boys, half for girls; foundlings of both sexes supported till they come of age,	“ 750
<i>Institution of St. Pérrine.</i>	For aged or infirm persons of either sex, who pay a certain sum fixed on their admission,	“ 175
<i>Des Ménages.</i>	For indigent married persons from 60 to 70 years of age, and widowers and widows of 60	“ 607
<i>Saint Michel.</i>	For septuagenarians,	“ 12

18,440

Independent of the hospitals, Paris contains a great number of other charitable institutions. G.

Lowell, Feb. 1837.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MARCH 15, 1837.

THE SMALLPOX IN THE HOSPITAL OF VIENNA.

A LATE German Journal contains the returns of the smallpox patients in the Hospital at Vienna during the year 1835, from which the following interesting statistics are obtained.

The number of patients affected with smallpox in the hospital during January was 52, during February 64, during March 68, during April 85, during May 102, during June 107, during July 84, during August 111, during September 113, during October 200, during November 237, and during December 276. The entire number throughout the year was 1002; and of this number, there were 469 cases of genuine variola, and 533 of varicella.

Of the 469 patients, 160 had not been vaccinated; in 109 the vaccination, or at least its success, was doubtful; and in the remaining 200, the traces of the operation on the arm were obvious and well marked. Of the 160 patients who had never been vaccinated, 82—rather more than one half—died; of the 109 doubtfully vaccinated patients, 40 died; whereas of the other 200 cases, in which vaccination had unquestionably been performed, there were not more than 25 fatal cases. In six of these 25 cases, the fatal issue seemed to be owing to the putrid character of the accompanying fever; in nine the disease attacked puerperal women, and appeared to be associated with child-bed fever; and in the remaining ten cases, the patients appeared to sink under the violence of the eruptive fever. In all the other cases, the disease ran its course quickly and very mildly; many of the patients remained almost quite free from fever. The desiccation was sometimes completed in two or three days; and when the crusts fell off, the skin was merely red and tender, but no scars were left behind. In estimating the mortality of the disease in the 200 vaccinated patients, we are to remember that in nine it was complicated with a puerperal affection. In the 533 cases of varicella, there were three deaths; and these occurred in puerperal women.

In conclusion, the reporter insists urgently on the great efficacy of vaccination in mitigating the severity of smallpox, and in checking its dissemination. No one can hesitate for a moment in admitting the truth of this statement, who has had an opportunity of witnessing any of the epidemics of variola, which have of late years prevailed on the Continent. The remark invariably made has been, that the disease has been comparatively mild and innocuous to those patients who have been unquestionably vaccinated at some former period of their lives; but severe and very fatal to those who have never undergone the operation. It is worthy of remark that, during the year 1835 in the Vienna Hospital, none of the medical attendants (they were all too wise to have neglected vaccination), exhibited any of the symptoms of the epidemic.

 EDITORIAL COURTESY.

It has become quite a common affair to notice, in our exchange Journals, important papers which were first published in this Journal, without the

least acknowledgment of the source from which the articles were derived—thus leaving the reader to suppose they were original contributions, kindly furnished them by the authors. Dr. John C. Warren's valuable communication on aneurism, which occupied parts of two of our late numbers, has reappeared in another periodical, barricadoed, to be sure, with a few lank inverted commas—but as for giving credit to the Boston Medical and Surgical Journal, as the usages of the corps editorial require, no reference is made to it. Should any one transcribe Dr. J. M. Warren's valuable and interesting account of his successful operation for a new nose, we enjoin upon them to remember the name of the periodical from which it is taken.

New York Medical Schools.—A correspondent in the State of New York corrects a late reference in the Journal to the number of medical schools in that State. He writes:—"In your remarks prefacing extracts from Dr. Hamilton's address, you say, 'a beginning has been made at Auburn, N. Y. which may eventually become a *third* school of medicine in that great State.' There is one school at New York city, one at Fairfield, and one at Geneva, N. Y. Professor John G. Morgan, of the Geneva Medical College, has for years past, until the year 1835, delivered an annual course of lectures on Anatomy and Surgery, with dissections and demonstrations upon the recent subject. Dr. Hamilton, while a student, was his demonstrator. These facts may correct some erroneous impressions."

Dictionary of Practical Medicine.—Heartily tired as we have been of even mentioning the name of Dr. Copland's Dictionary, which has met with a series of mortifying disasters, in its republication in the United States, it is with no ordinary satisfaction that we can now assure the medical public that *Part III.* is actually printed, and by our old friend Ticknor, at the corner of School and Washington streets, Boston. How all this happens, having long since supposed it defunct at the city of Washington, is quite a mystery: however, the fact of being controlled by Mr. Ticknor, is a warranty that something like energy will characterize the future progress of this important work.

New Medical Faculty.—An act authorizing the establishment of a medical faculty in the University of New York, has passed the Legislature. It is to be hoped that the selection of professors will be made with reference only to their professional qualifications, and that the rivalry of the new college will excite the old institution in Barclay street, to some little exertion. Our medical college has long enough been a disgrace to the profession and to the city—says the New York Sunday Morning News.

The following are the provisions of the new law:—

"1. The provisions of the twenty-first section of title seven, chapter fourteen, and first part of the revised statutes, shall not be deemed to apply to the diplomas conferring the degree of doctor of medicine, granted by the Council of the University of the city of New York, upon the recommendation of the medical faculty of the said University, established therein; but no person shall receive any such diplomas unless he shall

have pursued the study of medical science for at least three years after the age of sixteen, with some physician and surgeon duly authorized by law to practise his profession, and shall also after that age, have attended two complete courses of all the lectures delivered in some incorporated medical college, the last of which course shall have been delivered by the medical faculty of the University of the city of New York. And all the provisions of said title seven, which require an attendance upon the lectures delivered at an incorporated medical college, shall be deemed to apply to and include the lectures delivered by the medical faculty of the University of the city of New York; and the diplomas granted pursuant to this act, shall have the same force and effect as licenses to practise physic and surgery, as are given by law to the licenses granted by any incorporated medical society in this State.

"2. The Agent of the State Prison at Sing Sing shall deliver at the prison to the medical faculty of the University of the city of New York, such dead bodies of convicts as are by law authorized to be dissected, not exceeding one half of the number of such bodies.

"3. Such parts of acts heretofore passed relative to such dead bodies of convicts at Sing Sing, as are repugnant to this act, are hereby repealed.

"4. The medical faculty of the University of the city of New York are hereby authorized to appoint a delegate to represent them in the State Medical Society, with all the powers and privileges which delegates from the respective medical colleges and faculties of this State possess.

"5. The Legislature may at any time modify, alter, or repeal this act."

New York Dispensary.—The great value of this institution in a city where there are so many poor persons unable to pay for regular medical attendance is abundantly set forth in the report of the institution, which has lately been published. From this report it appears that within the past year 10,931 cases have been prescribed for at the dispensary, and 2361 at the houses of the patients. There have been vaccinated at the dispensary 1003 persons, and 750 at their own houses. Making a total of 15,550 cases to which medical assistance has been extended in a single year.

The great economy of this truly benevolent institution is seen in the fact that the whole expenditures of the institution during the year amounted to only \$2,472 81; being less than sixteen cents on an average for each case of relief administered.

London University Medical Degrees.—The establishment of the London University, where medical and other degrees will be conferred on young men of merit, of every religion, whether within or out of the walls of the old establishments, produces much satisfaction in Scotland, where the liberal system of education has always given her such advantages over England. In Scotland, for example, where her attachment to her religion is so unshaken, a medical degree would be conferred as readily upon a son of Rannohun Roy, if he were competent, as upon a descendant of John Knox. That country will now have to struggle the harder in the laudable competition with England, for the literary superiority which has hitherto been conceded to her by universal consent.

Mantellian Museum.—The Sussex Royal Society and Mantellian Museum, lately held their anniversary at Brighton. This society takes its last name from Dr. Mantell, of that part of England, who has made such remarkable discoveries in fossil remains in chalk. Among the company were Admiral Coddington and Horace Smith, Esq., as vice presidents, which last recited some witty verses as a tribute to Dr. Mantell.

Arseniated Hydrogen.—Mr. Joseph Edwards Bullocke, a young chemist of Penzance, Scotland, while experimenting with arseniated hydrogen, inhaled some of this poisonous gas, which caused a series of nervous and pulmonic symptoms, that ultimately ended in his death.

Congenital Occlusion of the Vagina.—M. Amussat has communicated to the French Institute a case of this distressing malformation, in a girl 15 years of age, in which the urethra, bladder and rectum were glued together, and in which the vaginal passage was re-established by gradually tearing asunder the unnatural union with blunt instruments and the fingers. The operation by the knife in such cases, has generally resulted in perforation of the bladder and the speedy death of the patient. In this case distension was gradually employed for eight or ten days before the canal was opened and the retained catamenia discharged. The constitution suffered much from the operation, but complete recovery took place. It was thought, however, the patient would never be in a marriageable condition, on account of the danger from the smallness of the fistulous opening.

Chilblains.—Dr. Deblois, an European physician, praises in high terms a lotion composed of one part of liquid chloride of lime and five of water as a very effectual remedy against chilblains, whether ulcerated or not. The affected part is to be kept constantly wetted with the lotion.

The Influenza.—This epidemic continues to prevail extensively in England and Scotland, and in some places was attended with a good deal of mortality. It was also prevalent in France, and most of all in Prussia. Several members of the French Ministry, and of the Chambers, were seriously afflicted with it. In Berlin, no less than 70 or 80,000 persons were "down" with it.

TO CORRESPONDENTS.—The communications of Drs. Fuller and Dewy are on file.

DIED.—In Campbell Co. Va., Dr. John B. Rutledge, formerly of Maryland.—In Ohio, Dr. Descom Chapin, formerly of Massachusetts.—In London, Dr. Thornton, a distinguished botanist.—At St. Andrews, Scotland, Dr. John Hunter, one of the most learned men of modern times.

Whole number of deaths in Boston for the week ending March 11, 30. Males, 12—females, 18.

Consumption, 6—scarlet fever, 1—sudden, 1—infantile, 5—inflammation of the bowels, 1—scrophula, 1—debility, 1—intemperance, 1—croup, 2—old age, 1—lung fever, 2—inflammation of the brain, 1—cancer, 1—delirium tremens, 1—teething, 1—apoplexy, 1.

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

Nov. 30.

MARSHALL S. PERRY, M.D.
AUGUSTUS A. GOULD, M.D.
HENRY I. BOWDITCH, M.D.
HENRY G. WILEY, M.D.

MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, \$100 per annum; to be paid in advance.

Boston, October, 1835.

June 15—eoptf

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

COPLAND'S DICTIONARY, PART III.

A DICTIONARY of Practical Medicine; comprising General Pathology—the Nature and Treatment of Diseases, Morbid Structures, and the disorders especially incidental to climate, to the sex, and to the different epochs of life—with numerous prescriptions for the medicines recommended, a classification of diseases, according to pathological principles, a copious Bibliography, with references, and an Appendix of approved Formula; the whole forming a library of Pathology and Practical Medicine, and a digest of Medical Literature. By JAMES COPLAND, M.D., Consulting Physician to Queen Charlotte's Lying-in Hospital; Senior Physician to the Royal Infirmary for Diseases of Children; Member of the Royal College of Physicians, London; Member of the Medical and Chirurgical Societies of London and Berlin, &c. This day published by W. D. TICKNOR, corner of Washington and School-streets.

March 8

A BARGAIN.

A PHYSICIAN in the County of Kennebeck (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

if

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—including one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 131 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, MARCH 22, 1837.

[NO. 7.]

OPIUM.

[Continued from page 58.]

Most opium-eaters dislike wine and brandy ; but this is not always the case, for the Baron De Tott tells us, that his language-master, who was of Persian extraction, a great enthusiast in poetry, used to get drunk indifferently with opium or with brandy. The exhilaration attendant upon the first is, however, of a very different character, and this is most striking in the state of the mind : all is order, harmony, vigor, and tranquillity ; there is no shadow of that brutality which most decidedly belongs, more or less, to vinous intoxication. The stage that follows it is very different. The recovery from wine, too, characterizes the distinction ; there may be nausea, sickness of the stomach, a fearful headache, and general feverishness upon the succeeding day ; but these vanish, and all is well. No greater misery, however, can be felt than that which the opium-eater experiences when his accustomed stimulus fails him, or the dreadful re-action occurs, which is as striking to the observer as it is painful to himself ; the mind is much enfeebled, the eyes lack lustre, the sensations are all disordered, the appetite is lost, the limbs seem incapable of supporting the body's load, existence is loathsome, no substitute can be found for the potent juice, for to the greater number of the lovers of opium, wine and brandy are disgusting ; they nauseate instead of diffusing a genial glow. The accustomed dram is the only relief to be found from this sad state, and the deluded victim flies to his debauch whenever the opportunity presents itself, although self-condemnation and the ridicule of his friends await him, and although idiocy and deformity stare him in the face. We have had so many vivid pictures drawn by the Baron De Tott, by Mr. Madden, and by recent travellers, that we are almost as well acquainted with the habits, the appearance, and the follies of the opium-eaters of Constantinople, as if we had visited the scene of their singular debauch.

There is a particular part of Constantinople, called Theriaký Tchar-chiffý, or Opium Bazaar, to which, at a particular hour in the evening, the lovers of the drug are habituated to find their way, for the purpose of indulging in this exhilaration. The first feeling that is excited in the minds of the spectators is one of compassion for the pale, the haggard, and the melancholy countenances which strike the eye, and which are rendered more impressive upon the European by the habitual gravity of the Turk ; but this pity is soon exchanged for far different sensations,

for deformities the most whimsical are the consequence of the long-continued habit. Some of these unfortunate creatures have wry necks, for the muscles become rigid; the head is seen contorted to one side or the other, or one shoulder is considerably higher than its fellow, or the head appears almost buried between their shoulders; then their gesticulations are so whimsical as to excite mirth and merriment in those most inclined to pity them. Every fibre in the body trembles; still they cannot abandon the custom; they are miserable till the moment arrives when they are to indulge. Close to the wall, near the Mosque, the experienced opium merchant has placed a number of sofas, shaded by trees. Here the theriake, or opium eater, reclines, and receives the pills containing his accustomed dose, together with a glass of water; he awaits the moments of extacy, which usually commence about three quarters of an hour after he has swallowed it. He then becomes an altered being; his features are flushed, his eyes acquire an unnatural brilliancy, the expression of the countenance is horribly wild; he exhibits his delight in a thousand different ways; he gesticulates, he talks; some of them compose excellent verses, and address the bystanders in eloquent language; at last they return to their homes, each possessing some imaginary bliss which "the dull reality of life" could never give. Those who encounter them divert themselves at their expense, and make them chatter nonsense; they are, however, too happy to pay attention to anything but their own reveries. Even the loud laugh and the hootings which accompany them home, produce no effect; they are wrapped up in an elysium, from which they are only to be awakened by the miserable reaction which must, sooner or later, recal them to existence. Mr. Madden, a member of the Royal College of Surgeons, who has painted this scene admirably, and who is one of the last scientific men who have visited Constantinople, and given us the result of their observations, tried the experiment on himself, and took four grains in divided doses; he describes his sensations "as the faint, exquisite music of a dream," but he had only pleasurable feelings when his eyes were open, if they were closed they vanished. It appeared to him as if external objects only were acted on by the imagination, and magnified into images of pleasure. In walking he was hardly sensible of his feet touching the ground; it seemed as if he slid along the street, impelled by some invisible agent, and that his blood was composed of some ethereal fluid, which rendered his body lighter than air.

Not only does the habit of taking opium render larger doses necessary to produce its peculiar influence, but it blunts all the sensations of the body. It renders the intestinal canal so exceedingly sluggish, that the most active purgatives lose their power; this, however, is not to be considered a uniform consequence, but, in many instances, large doses of aloes, of scammony, and of jalap, may be taken in vain. Rhubarb, and colocynth, and gamboge, produce great irritation, but will not excite the peristaltic motion. Castor oil, under such circumstances, however, retains its influence; and olive oil, to which tincture of senna is added, likewise is serviceable. The most active emetics are useless, and, indeed, in some instances, the most virulent poisons have actually become

inert. Of this a singular case is on record, authenticated by a physician who bore a high rank in the French army. M. Pouqueville, when a prisoner in Constantinople, saw a man who was known all over the city under the name of Solyman Geyer, or Solyman, the eater of corrosive sublimate; he was said at that time to be upwards of 100 years of age; he had very early habituated himself to the use of opium, which he had increased until it produced no effect upon his imagination, and until his digestive system must have been completely disordered; he, therefore, took corrosive sublimate, and for thirty years he never ceased to take it; and the dose he could then bear was upwards of a drachm. He went into the shop of an apothecary, who was a Jew; he asked for a drachm of corrosive sublimate—having first mixed it in a glass of water, he swallowed it. The apothecary, fearing that he should be accused of poisoning a Turk, immediately shut up his shop, reproaching himself bitterly with what he had done; but great was his joy and astonishment when, on the following day, the Turk came to repeat his dose. Whether the corrosive sublimate produced any sensation beyond that of allaying a sort of unnatural craving, I know not.

It does not appear that any narcotic, or drug, with which we are acquainted, produces altogether the hallucination that accompanies opium. The salts of morphia, in the opinion of most medical men, have not an exhilarating effect; there seems, however, some doubt on the subject. Dr. Wilmer, of Munich, made some experiments on himself to ascertain the effect of narcotine. He found that eight grains gave him headache. There was much excitement, and a peculiar restlessness supervened, his hands trembled, and he was unable to fix his thoughts upon any subject; this lasted a few hours—it commenced about twenty-eight hours after the narcotine had been swallowed. Magendie has tried some experiments on dogs—they seem to have a species of reverie—they were in a state approximating to sleep, but they were alive to external objects, and particularly irritable. Occasional convulsions came on, and, with this exception, they seemed to be quiet.

A very interesting question has arisen upon the effects of opium-eating on health and on longevity. The late Earl of Mar had insured his life in one of the offices in Edinburgh to a large amount. He was an opium consumer to the amount of from two to three ounces of laudanum daily, but this fact had not been stated at the time the policy of the insurance was granted, and on his death, which occurred two years afterwards, from icterus and ascites, the company declined payment of the policy, assigning as the reason, that his lordship had concealed from them a habit which tends to shorten life. The bank that held the policy as security for money lent entered upon an action, and the consequence was that the insurance office was adjudged to pay the amount, not, however, on the ground that the habit was not injurious to life, but upon the ground that the office had not shown the proper degree of caution when the insurance was effected. Dr. Christison was a medical witness on that occasion, and his attention was necessarily directed to the subject, which led him to an inquiry, and from eleven cases which came under his notice, he considers that the practice of opium-eating is not so injurious as

is commonly believed—this, however, is not the general idea. Mr. Madden, whom I have just quoted as an authority to be relied on, says, that from personal inquiries he found it was rare for an opium-eater at Constantinople, if he began the practice early, to pass thirty years of age.

(To be continued.)

ENORMOUS ENLARGEMENT OF THE LIVER AND SPLEEN.

To the Editor of the Boston Medical and Surgical Journal.

SIR—Should the following case be thought worthy a place in the Journal, you are at liberty to give it publicity through its columns.

Mrs. Z. Smith, aged forty-three, the mother of six children, naturally possessing a good constitution, was slightly seized in the summer of 1832 with pain in the right side, acidity in the stomach, flatulence, costiveness, and other symptoms of dyspepsia. Though she consulted me about her case, yet being able for the most part to attend to her domestic concerns, she refused to adopt any thorough means to eradicate her disease. In this way she continued till November, 1834, when she was violently attacked with an inflammation of the lungs, which proved so severe that she was several times thought to be dying. She however at length recovered her former degree of health, or nearly so; but the dyspeptic symptoms remained, notwithstanding she was, during her illness, treated with particular reference to a chronic inflammation of the liver, as I called her first complaint. Being satisfied, from the trial I then made, that I could not effect a cure of her chronic affection, I advised, as soon as she was able to ride, a visit to Saratoga Springs, to which she consented; but for some reason or other she kept delaying it until too late in the season for an invalid to travel. The following winter she had another attack of her lung complaint, though much less severe than the preceding; during its continuance, or shortly after, she showed symptoms of an enlarged spleen, and the liver had become so much enlarged as to be distinctly felt below the ribs. In the spring of 1836 she visited the Springs, and was absent some weeks, but without any amendment. Soon after her return her symptoms became worse; the spleen was so much increased in size as to be felt the whole length of the abdomen, and at the umbilicus the liver and spleen might be felt only about three inches apart. At this stage of the disease new symptoms presented; there was much vomiting and purging; a pretty good appetite, and for some days, between the paroxysms of puking, food seemed to create less pain, and be better digested, than for years before. After the vomiting had commenced, she uniformly complained of pressure, even the least degree of it, on the pit of the stomach, so much so as to induce the suspicion of considerable inflammation of that organ. For a few of the last weeks of her life she complained much of disagreeable noises in her head, and at length became totally deaf and very nearly blind.

A post-mortem examination took place Nov. 21st, 1836, thirty hours after death.

Contents of the thorax.—The left lobe of the lungs attached throughout its whole extent to the pleura costalis and mediastinum, probably the consequence of the preceding inflammation; the right lobe perfectly healthy; the parietes of the heart very thin; the ventricles somewhat enlarged.

On opening into the abdomen, we discovered the spleen overlapping the liver at its superior extremity, and the two viscera completely covering the stomach, so as to hide it from view until they were displaced. The spleen was thought, by several medical gentlemen present, to be at least ten times its usual size. The liver was enlarged to that degree that it extended upwards, pressing up the diaphragm, to the intercostal space between the second and third ribs, and displacing the right lobe of the lungs. The texture of the liver was as firm as common after being diseased a great length of time. The spleen was so very soft as to be easily compressed with the fingers. The stomach was smaller than natural, but apparently healthy, together with all the rest of the abdominal viscera. The brain was not examined.

What renders the above case peculiarly interesting to me, is its anomalous symptoms. 1st. Was the noise in the head owing to the inflammation reaching the brain, and was that the cause of diminution of sight and loss of hearing? or were these only symptomatic? 2d. What produced the vomiting? Was it mechanical pressure? and if so, why was it interrupted, and digestion go on as regularly for a day or two together as if the patient had been in health? B. W. DEWEY.

Moriah, N. Y. Feb. 6th, 1837.

FRAGMENTS.

[Communicated for the Boston Medical and Surgical Journal.]

Wound of the Rectum.—October 5, 1836, I was called to visit Joseph Webb, aged about 35, of sound constitution, regular habits and good health, who had been hooked by an ox five days previous to my visit. A clergyman of the neighborhood, who made some pretensions to the healing art, had attended him from the happening of the accident; but supposing it "a flesh wound," as he termed it, no surgical treatment had been prescribed. I found the patient in bed, having constant involuntary fecal discharges. On examination, found the horn of the ox had entered the right side of, and a little posterior to the anus; that it passed up in a curved direction about three inches, and then perforated the rectum. The perforation through the rectum was about the size of the forefinger, as might be felt per anum. The wound externally was about two and a half inches in diameter, considerably lacerated, I suspect, by a toss and a withdrawal of the horn. In short, there was a complete artificial anus, the walls of which were approximating towards a circular form, and exhibited a considerable degree of induration. No discharge

through the anus had been known since the injury. The wound contributed to form an equilateral triangle—of which the space between the anus and the commencement of the wound made the first side; the distance between the entrance of the horn and its aperture in the rectum, formed the second; and the distance from last-mentioned point to anus, completed the angle.

As this was a novel case, having never before seen or read of a wound of this description, I requested counsel; and called Dr. Hubbard, of Hallowell, who, by the way, is one of the best surgeons in Maine. In consultation with Dr. H. we were of opinion that an operation similar to that for fistula in ano would be necessary ultimately; but in the meantime a trial might be made of plugging the artificial anus and attempting to dilate the sphincter ani, so that the fecal matter might pass through its natural channel. It could hardly be expected that this plan would succeed; but as the friends were solicitous that some course, other than an operation, might effect a cure, and as a few days delay seemed to be requisite, that the system might be prepared for the operation, it was thought advisable to try the plan suggested. The wound was filled with soft linen, besmeared with basilicon; compresses and the T bandage concluded the dressings. The copious discharge of pus, and the constant accumulation of fecal matter, were so great (none having passed the anus), that after a few days perseverance the plan was abandoned, and resort was had to the operation.

The patient was placed upon his knees, his face resting upon his hands. The operator, Dr. Hubbard, then passed his right forefinger into the rectum, per anum, carrying with it a director; then introduced his left forefinger through the wound and its aperture in the rectum, until it came in contact with the finger first introduced. I then carefully passed up a probe-pointed bistoury along the groove of the director until the operator was enabled to grasp its point with the end of his left finger. By withdrawing the instrument and fingers locked in this manner, the sphincter, together with the whole of the substance contained in the angle, was divided by one incision. Contrary to our expectation, no hemorrhage of consequence ensued.

A strip of oiled linen was introduced with a spatula, in order to keep the divided surfaces of the rectum and sphincter ani separated until the lateral and superior portions of the original wound should fill up by granulation. Much the same dressings have been continued up to the present time. The cure has progressed rather slowly; delayed chiefly, I think, by too frequent irritation from the fecal discharges; but the wound will probably be entirely healed in a few weeks more. The anus will be likely to be preternaturally large in diameter, because the sphincter has not been permitted to unite by the first intention.

Metallic Button in the Nose.—1837, Jan. 13th, visited by request a child two and a half years old. Was told by the parents that the child had forced up high into the left nostril a brass button, about the size of a common vest button. On examination I could just discern its lower edge. The little patient was confined, and I made several attempts with various forceps to seize and bring down the foreigner, but without suc-

cess. The eye of the button seemed to be embedded, and forceps were not sufficiently tenacious. A pair of forceps sufficiently large to fill the cavity of the naris was then passed up, and at the time I supposed I was about to grasp the substance, the child made a desperate struggle, and the forceps was forced upwards. I then passed up a gum elastic bougie, and meeting with no obstruction pushed it out at the fauces. The passage was clear, but what had become of the intruder? Suspecting the child might have swallowed it during the struggle, I directed the friends to give a cathartic in the morning, and to watch for the button. It was found accordingly, and measured seven sixteenths of an inch in diameter.

Cutaneous Diseases.—The past year has developed more diseases of this class than I have ever before known. They defy all classification, and, I might say, resist all medical treatment. They are of almost every variety and form, but so intermixed that you cannot separate them to take down specifications. They may be considered endemic in this vicinity, and consist chiefly of eruption of pimples, or vesicles, in the first place, or a commixture of these succeeded by destruction of the epidermis and rawness of the surface, accompanied by an itching, smarting, burning and almost maddening pain. It is a many-headed hydra; frequently, after several weeks perseverance in your treatment, when the eruption disappears and you are about to appropriate to yourself the credit of a cure, the eruption will again appear, with renewed virulence. I should think them self-limited diseases. Many people persist in calling it the itch, and make use of the popular specifics for that disease; but such treatment only aggravates the complaint, especially where the red oxide of mercury or ol. terebinth. enters into their composition. I have but little faith in external applications. Cooling and astringent applications have afforded some relief. The ung. hydr. nit. fort. has made some impression, but an alterative course of medicine, with low and vegetable diet, I think has, if anything, made the most lasting impression. Scarlatina just made its appearance. Its type is mild. Has it any connection with the preceding disease?

Hoterops.—This is the appellation most usually given here to the disciples of that notorious empiric Samuel Thomson. His followers are pretty numerous in Maine, and think so much of themselves that they are thrusting into our Legislature petitions from every direction, praying for a repeal of the law regulating the practice of physic; so that they, the knights of lobelia, cayenne and steam, may be admitted on an equal footing with men who have spent years of studious toil and hundreds of dollars to procure themselves a situation in an honorable profession, and which, after all, yields to many of us but a scanty pittance, when compared with the fees freely bestowed upon charlatans and patent medicines. For twenty dollars any body may purchase Thomson's book of chartered privilege, granted by grave legislators, but who, doubtless, never contemplated the serious injury it would occasion the public.

Respecting this class of persons, alias "hoterops," I could "a tale unfold;" but cui bono? Supposing a long list of facts was drawn up relative to their practice—of their impositions upon the people—of the

constitutions impaired—of the murders committed, &c., and these facts were embodied in a medical journal. I again ask, for whose good would they be? would they hit the mark? would one out of a thousand of Thomsonians ever see or read them? would the great mass of the people, who are to be swayed one way or the other, ever hear of them? Physicians know these facts already, and but few, I believe, besides physicians, ever read a medical journal.

This class of pretenders has become numerous, if not formidable, throughout the country. Already they boast that in a few years they shall rival all competitors, and put down all opposition. A few years ago they mostly occupied the back country places; now they boldly take their stand in most of our prominent villages, and establish their strong-holds under the fascinating title of Botanic (I would not say Satanic) Infirmaries; and their leader, in imitation of his betters, implants his standard in the heart of New England. Amongst their patients there is a sort of hallucination; for when once a patient has obtained relief by them, of either real or imaginary evils, he too frequently becomes wedded to their party, and will go all lengths in denouncing scientific physicians, and in support of the Thomsonians. Further, their plan, for it can hardly be called a system, professes to be so plain and simplified that any one can understand it; and this is a desideratum with those who have not the least love of science within them.

Would it not be an easy task for educated physicians to overthrow the theory of Thomson and show up his followers in their true colors? Ought we not to meet these men by facts and arguments, in such a manner that the people can understand and judge for themselves? It seems to me, in order to make such an exposé, the weekly newspapers would be the most suitable for communications, at least if we can make our language intelligible to the mass; unless editors of such papers could be induced to copy from a medical journal.

Would it not likewise be good policy in physicians generally to give gratuitous public lectures for the enlightenment of the public mind; sketching the outlines of anatomy, physiology, therapeutics, &c., so far as is compatible with propriety and delicacy?

I have thrown out these crude hints, that yourself, or some of your able correspondents, might take them up, if thought worthy of notice, and give your readers your views upon these subjects. I would not wish to traduce the correspondents of your Journal; there ought, and should be, sufficient communications for that, at the same time, and upon such subjects as would interest its readers; but I have yet to learn how writings, *exclusively confined to medical periodicals*, can ever avail much against impostors, impositions and quack medicines.

Albion, Me. March 1st, 1837.

A. P. FULLER.

LARGE DOSES OF CALOMEL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR—A correspondent of the Boston Medical and Surgical Journal wishes for further information in regard to the calomel which was

given to a little girl, only five years old, as mentioned in number third of "Remarks on Itinerants." This, as I have it in my power to prove that what was there stated was by no means exaggerated, I am glad to comply with.

That the case may be well understood, I will be a little more particular in my account of it. Every physician knows enough about worm cases, however, not to require much of a description. This was a very bad case, and, until the worms, from the effects of the calomel, began to be moved, was attended by an unusual degree of stupor. They came away by half dozens, dozens, and scores, until the whole were expelled, which took up the week which was mentioned. In most cases of tænia, when they exist in such large numbers, the bowels are so distended that they come away a few at a time, and thus it is necessary to repeat the remedy for some time, as was the case under consideration. Whether there was any better remedy than calomel or not, I shall not pretend to say; but the other remedies in this case had no effect in regard to the removal of the worms, or in regard to producing any motions upon the bowels.

In regard to the genuineness of the calomel, I experimented not upon it by any chemical test, and therefore am not prepared to say that it did not contain impurities, or that it even was calomel. All I can say about it is, that it looked like calomel, felt like calomel, and operated in this, and other cases, like calomel—and, to use the Irishman's expression, "from my soul I believe" it was calomel. If this was the only case in which I had used it to such an extent, I might, perhaps, have my doubts whether my senses did not deceive me.

In regard to its effects upon the system, other than those for which it was resorted to, which was to promote the expulsion of the worms, they were apparently no different from those which would be produced by any other cathartic. The stupor, tenseness of the bowels, and every other symptom of disorder, subsided gradually as the worms were removed. There was by no means a high degree of fever at any time. Those occasional and irregular paroxysms of fever which attend all verifuge cases, attended this, and subsided as the worms were expelled. There was no excitement, apparently, beside what the worms produced, at any time, and there was nothing which indicated any improper effect upon the system, after the patient had become convalescent. Her convalescence was short, and she has since been a healthy child and young lady, as stated in my former remarks.

Now all this is not advocating the use of calomel, in large or small doses, in worm or any other cases, any farther than a physician sees fit to resort to it. All I designed in my Remarks on Itinerants, or design now, was and is, to show that it is not so poisonous to the system or to the "blood," as a great many suppose. I shall still continue to entertain such an opinion. The case under consideration, the other cases which were mentioned, and a great many others which might be mentioned, tend to confirm it. There is a proper way and a proper time to use it, and so there is for everything else. I wish no family to have it used when they do not desire it; and no physician to administer it,

when he does not see his way clear to do it. The prejudices existing against it, and the distressing ptyalism originating from its use, when this is not desired, render it objectionable, when anything else will answer as good a purpose. It is impossible, I think, in the present state of medical knowledge, to control it in all cases, and make it operate exactly as you wish. Sometimes a small portion will effect what you would not expect from a large one, and sometimes a large one will not effect what in others would result from a small one. Sometimes neither small nor large doses will affect the salivary vessels, at other times either will. This uncertainty in its operation, and this distressing ptyalism when it is not required, give quacks a fine opportunity to raise a hue and cry about it. They make a hobby of its supposed deleterious effects, to ride over the necks of more meritorious practitioners. This may, perhaps, as well be their hobby as anything else. There will always be quacks, and always be dupes enough to employ them. There will always be something to build prejudices upon, and prejudices, once founded, are not very easily removed.

I have already spun out my reply to N. much farther than I intended, but having got upon the long-yarn track, I may as well go to the end as break off in the middle. I will therefore hold out a little farther upon calomel. I know not as it is generally known that it takes a great deal more to operate in worm cases, especially bad ones, than in others. The nidus of worms, consisting of a thick, viscid or glutinous substance, wraps itself around the calomel, and it comes away in little nodules, from the size of a small pea to that of a hazelnut, but very little altered from its original state. This existed to a considerable extent in the case under consideration, and I have observed it in many other cases. This, perhaps, may account sufficiently for its not having had any injurious effect in the case mentioned in my Remarks. Though I would not set myself up as being wiser than anybody else, I would mention one more thing in regard to calomel, which I know not as is generally understood among physicians. Perhaps I may be in an error in regard to what I am going to state, but I think not. It is well known that calomel operates very differently upon different persons, and it operates differently upon different ages. Upon adults it is very liable to operate upon the salivary vessels, and produce ptyalism; but upon the young not so liable, especially upon such as are under six or seven years. I never knew of but one case where the patient was under six years of age, in which it operated to produce what is commonly called sore mouth. I do not know but it has operated differently upon thousands, but I never saw but one case, as just mentioned, and other physicians whom I have inquired of, have asserted pretty much the same thing. If it is a fact that it does not affect young children in this way, the reason why it does not may perhaps be that the lacteals are not sufficiently developed to take it up and convey it into the circulation. Little infants, three days old, will bear the effects of calomel as well and better than adult persons, which could not be if it operated upon them as powerfully according to their age as upon grown people. It is a very excellent thing in the aphthæ of young children, and will cure it when nothing else will effect

any benefit. I have known it do a great deal of good in the cure of those distressing fits which infants are very often affected with.

Shall I not have more explanations to attend to, think ye, kind reader? If it is necessary I will endeavor to do it, and will now close my remarks by suggesting to those who are scrupulous in regard to giving calomel in sufficient doses to expel worms, to make use of any cathartic which suits them best, if the stomach will retain it, and as an adjunct, employ often-repeated and long-continued injections. In this way the worms will come away one, two, half a dozen, and a dozen at a time, until the distention is taken off from the bowels, when cathartics alone will bring them away. One word more. If N. should not be satisfied of the correctness of what is above stated in regard to the information required, I can, by sending a hundred and forty miles, substantiate it by half a dozen, at least, credible witnesses. F.

RHINOPLASTIC OPERATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The admirable article in your Journal on “Rhinoplastie,” suggested the translation of the following from an old work styled “Cours d’Operations de Chirurgie,” by Dionis, published 1707.

“The wife of a Notary of Paris, being jealous of the spouse of a butcher of the Fauxbourg St. Germain, whom she imagined to be the mistress of her husband, repaired one morning to the stall; and after having upbraided her with her supposed baseness, seized a knife from the bench, and struck her with it upon the nose; the nose was almost completely separated from the face, hanging down and being only connected to it by one of the alæ and a portion of the columna. It was immediately sewed, and united properly, leaving only a trifling deformity. I report this case, adds Dionis, in order to embolden surgeons to use the same means under like circumstances. The judges invented a new species of punishment for the wife of the Notary; they condemned her to have a *fleur-de-lis* branded upon her forehead with a red-hot iron; a sentence, however, which was not executed. The king having considered the decree too cruel, subsequently pardoned her.

“It is beyond belief, Dionis goes on to say, that a nose, when once entirely cut off, can ever be renewed. We are told, notwithstanding, that some brigands having attacked by night a company of travellers, one of them received a blow upon his nose, which completely severed it; that when he went to have the wound dressed, the surgeon asked for the nose in order to sew it on; and that his comrades, being unable to find it, cut off the nose of an unfortunate person whom they happened to encounter, and brought it to the surgeon, who sewed it on, by means of which it united to the remnant of the nose of the robber, as a graft to a tree.

“It is also said that a surgeon made an incision into the arm of a person who came to him in a similar situation, and having placed the wound-

ed arm in contact with the nose, secured them for some time in this state by bandages; that after a union took place, he removed sufficient flesh from the adherent arm to form a new nose, and thus substituted an artificial for a real one. I believe, however, these accounts to be apocryphal, and consider them rather as amusing stories than true facts."

Could Dionis be permitted to revisit the earth, he would probably be as much surprised at the advance of science as Cicero is represented to be on his return from the Stygian shades. The operation of Dr. W. is certainly one of the most remarkable and creditable ever performed in this country; it is an operation which from its difficulties might discourage even an old surgeon from undertaking it. Many, indeed, have pronounced it utterly impracticable. An idea of the difficulty attending this operation, though necessarily an inadequate one, may be formed from the report of Dr. W.

B. B. A.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 22, 1837.

MASSACHUSETTS GENERAL HOSPITAL.

FROM an analysis of the Annual Report of the Board of Trustees, the following statistical facts have been gathered.

Admitted at the Massachusetts General Hospital, from January 1 1836, to January 1, 1837.

		Males.	Females.	Total.
Patients paying board	-	200	61	261
do. do. part of time	-	19	11	30
do. entirely free	- -	113	81	194
Whole number	- -	333	153	485

Discharged during the same period.

		Males.	Females.	Total.
Well	- - -	158	66	224
Much relieved	- - -	78	25	103
Relieved	- - -	31	21	52
Not relieved	- - -	37	18	55
Died	- - -	31	13	44
Unfit	- - -	0	2	2
Eloped	- - -	2	0	2
Whole number	- - -	337	145	482

Proportion of deaths to whole number of results this year—1 in 11, nearly.

The free patients, though admitted in less numbers, have occupied on

the average about 5-8 of the ward beds. It follows that they remain longer, and the difference is—

Average time of stay of ward-paying patients, 3 1-7 weeks.
do. do. do. free do. 5 5-7 do.

Analysis of Patients.

		Free.	Paying.
Males.....	Sailors - - - - -	10	21
	Mechanics - - - - -	36	58
	Teamsters, drivers, &c. - - - - -	9	11
	Farmers - - - - -	9	10
	Clerks, traders, &c. - - - - -	6	23
	Laborers - - - - -	47	41
	Minors - - - - -	10	5
	Domestics - - - - -	5	12
	In private rooms - - - - -		37
Females.....	Domestics - - - - -	57	29
	Wives - - - - -	14	12
	Seamstresses, tailoresses, &c. - - - - -	13	15
	Spinsters - - - - -	1	3
	Minors - - - - -	7	7
	In private rooms - - - - -		2

It appears from this analysis, that more than one quarter of the whole number of free patients were female domestics, and nearly another quarter laborers, of whom about 5-6 were Irish.

The annual expenses of 1836 were \$17,950 25. After deducting from this the charges of repairs, grounds and contingencies, there remains a sum which makes the weekly expense of each patient, \$5,84.

That portion of the report which especially relates to the McLean Asylum for the Insane, is, as usual, a very curious and valuable document. It shows the advancement which is making in the rational, if not philosophical management of lunatics, who from the earliest ages have had their miseries aggravated, and their aberrations confirmed, by the harsh treatment which was meted out to them. Surely it is a modern discovery, which restores the insane to soundness of mind and health of body, by the same course of moral culture by which the sane are elevated in the scale of humanity. Yet it is true that the law of kindness, the force of example, and the exercise of benevolence towards the most hopeless maniac, subdues the violence of rage; and if they are not ultimately restored to the exercise of reason, their physical condition is so ameliorated, that charity is encouraged to hope well for them. The multiplication of these institutions in our country, reflects the highest praise on the innate philanthropy of the people who are doing so much for those who were once scarcely considered to have claims upon the world for its common comforts. They were pitied, but not relieved, for the reason that they were falsely supposed to be beyond the reach of moral influence.

"THE ACCOUCHEUR'S VADE MECUM."

A LATE mail has brought to our address a ragged duodecimo pamphlet of thirty-two pages, with the above title, by "DOCTOR BENNETT," of the *Big-Hocking Ohio Medical Society*, who appears to be on the eve of retiring from the chair of midwifery and the diseases of women and chil-

dren, Hygiene and *Acclimatement*, beside some dozen other departments, for ought we know, in Willoughby University, of Lake Erie. It shows great wisdom in the author to resign as quickly as possible, after having delivered himself of such a production as this, not one word of which appears to be original, with the exception of a little flattering unctious addressed to a squadron of students, beginning with, "*gentlemen of the medical class.*"

If the lucid divisions of labor, by "Professor John Cook Bennett, M.D." are calculated for the meridian of the Big-Hocking Ohio Medical Society, it would be extremely gratifying to know whether the system of puzzlification, so beautifully exhibited in this *Vade Mecum*, becomes more complex as the square of the distance increases towards the Rocky Mountains. For example, page 4—"The left Occipito-Cotyloid Position of the Vertex." Again, here is a very nice distinction, and withal very clearly expressed—a kind of whispering monitor to a young accoucheur when quite bewildered. Sec. 2, page 4—"The Occipito-Pubal Position of the Vertex. In this position, the occiput, with the posterior fontanelle, places itself behind the symphysis pubis; while the sinciput, with the anterior fontanelle, offers before the sacro-vertebral prominence."

Before this medley of nonsense had a being, we began to entertain very favorable impressions of the character of the Willoughby Medical School; but if the students, en masse, the president, five vice presidents, and two secretaries, can swallow such stuff as the Accoucheur's *Vade Mecum* is made of, and call it science, the Commonwealth will be in a dangerous condition when their graduates begin to operate. That this curiosity in medical literature, which has appeared too late for the reputation of the sapient author, by at least seven hundred years, might end in character with its beginning, a glossary of terms accompanies the text, so chaste in expressions, that the well-bred gentleman is discoverable in it like the flying Dutchman, always in a mist. The definitions of technical words are abominably vulgar, obscene, and outrageously disgusting, and enough to forbid its introduction into the domicile of a decent man. To have said any less than this of the production referred to, would have been a dereliction of editorial duty.

Fever Ward.—It seems to be in contemplation by the trustees, to construct a new ward at the Mass. Gen. Hospital, for the exclusive accommodation of patients affected with fevers, erysipelas, and other diseases requiring entire separation from others. The attending physicians are so thoroughly convinced of the necessity of this measure, that as soon as funds can be obtained, a new wing will be erected. How is it that erysipelas is the abiding tenant of hospitals? St. Thomas's has contended with that and the itch, half a century, but it has not yet been successful in dislodging either. The medical officers have been changed with a view of obtaining men who had skill enough to disinfect the establishment, but no one has yet succeeded.

Health officer of Liberia.—David Francis Bacon, M.D., a young gentleman of high qualifications, and of estimable character, has been appointed principal colonial physician of Liberia. He has for an assistant Dr. William H. Taylor, a free man of color, educated to the medical profes-

sion by the Colonization Society, in whose good sense and general capacity and integrity, the managers have implicit confidence. In 1836, the same society paid for educating, maintaining and clothing a colored student of medicine, \$524 75.

Infirmary for Diseases of the Skin.—Dr. Charles Gordon, at the corner of Washington and Winter streets, has opened a house for the express purpose of treating diseases of the skin. This is an enterprise in which we have long been desirous of having some talented professional gentleman engage. He has our best wishes for his success.

Discoveries in Galvanism.—Dr. C. G. Page, of Salem, Mass., has made the discovery that lead, iron, or any metal, may be substituted for the expensive material, copper, in galvanic batteries, with equivalent power, provided the exciting liquid be some acid holding some oxide of copper in solution. This fact will render this apparatus more accessible to medical practitioners, as the use of lead or iron will lessen the cost one half. The effect is due to the greater facility with which copper deposits upon other metals than upon itself.

Fleet Surgeon to the South Seas.—Dr. Ticknor, of the Navy, has been appointed Fleet Surgeon to the South Sea Exploring Expedition.

Diminution of the human stature.—As the population increases, the human stature, by the Malthusian principle of scant nourishment must, in the nature of things, decrease in the general average. The late general orders for recruiting in England, admit enlistments to the regiments of the line of persons five feet six inches, being *one inch* shorter than the standard. The cavalry of the guards must still be *six feet*.

Bones of the Ear in Cetaceæ.—It is by the bones of the ear, that M. Vanbeneden proposes to determine the larger species of Cetaceæ. The sub-genus, Rorqual, for instance, is well characterized, and was not known to go so far to the north of the Mediterranean as Ireland, till MM. Quoy and General Gaimard brought one of the bones of the ear from thence. This character he thinks will be of great use in fossil geology.

ERRATA.—In Dr. Warren's report, page 71, line 2, for *face* read *feet*. Page 73, line 17, for 19th read 16th; line 12 from bottom, for *lineal* read *linear*.

DIED.—In Plymouth, Ct. suddenly, Dr. Ambrose E. Todd, 25.—In New York, Dr. Joseph Parker, 61; Dr. Samuel Hart, 25.—At Staten Island, Dr. Matthias H. Williamson, 62.—On the 25th of February, at Topsfield, Essex County, Mass. Nehemiah Cleaveland, M.D., aged 76.

Whole number of deaths in Boston for the week ending March 18, 27. Males, 19—females, 8. Consumption, 4—apoplexy, 2—mortification, 1—quinsy, 1—mortification in head, 1—infantile, 3—fits, 1—bilious fever, 1—lung fever, 1—croup, 1—burn, 1—stoppage in the bowels, 1—disease of the heart and lungs, 1—diarrhœa, 1—scarlet fever, 1—typhus fever, 1—old age, 1—dropsy on the brain, 1—teething, 1—stillborn, 4.

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

Nov. 30.

MARSHALL S. PERRY, M.D.
AUGUSTUS A. GOULD, M.D.
HENRY I. BOWDITCH, M.D.
HENRY G. WILEY, M.D.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me., JOSEPH BALCH, Jr., Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn. Oct. 5—6m

COPLAND'S DICTIONARY, PART III.

A DICTIONARY of Practical Medicine; comprising General Pathology—the Nature and Treatment of Diseases, Morbid Structures, and the disorders especially incidental to climate, to the sex, and to the different epochs of life—with numerous prescriptions for the medicines recommended, a classification of diseases, according to pathological principles, a copious Bibliography, with references, and an Appendix of approved Formule; the whole forming a library of Pathology and Practical Medicine, and a digest of Medical Literature. By JAMES COPLAND, M.D., Consulting Physician to Queen Charlotte's Lying in Hospital; Senior Physician to the Royal Infirmary for Diseases of Children; Member of the Royal College of Physicians, London; Member of the Medical and Chirurgical Societies of London and Berlin, &c. This day published by W. D. TICKNOR, corner of Washington and School-streets. March 5

A BARGAIN.

A PHYSICIAN in the County of Kennebeck (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

tf

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

Franklin Street, Nov. 9, 1836.

N16—tf

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

Boston, Oct. 7, 1835.

tf—Oct. 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, J.R. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, MARCH 29, 1837.

[NO. 8.]

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.—NO. I.*

BY THOMAS H. WEBB, M.D., PROVIDENCE.

[Communicated for the Boston Medical and Surgical Journal.]

AT a meeting of the FISKE FUND TRUSTEES, held at *Providence, R. I.*, on the sixth of June, A. D. 1836, it was decided that the Dissertation bearing the motto, "*Non ignara mali miseris succurrere disco*," and which, on breaking the seal of the accompanying letter, was found to be written by Thomas H. Webb, M.D., of Providence, was entitled to the premium of *forty dollars* offered for the best dissertation on the question, "What are the causes and nature of Rheumatism, and the best mode of treatment to be employed therein?" In awarding the premium to this dissertation, neither the Trustees nor the Rhode Island Medical Society hold themselves responsible for the doctrines herein inculcated, treatment recommended, or opinions advanced.

Signed,

CHARLES E. ELDRIDGE,
SAMUEL WEST,
WILLIAM G. SHAW.

"What are the causes and nature of RHEUMATISM, and the best mode of treatment to be employed therein?"

From the manner in which the question at the head of this dissertation is worded, we presume it was not the design or wish of the trustees that the competitors should enter very largely, if at all, into the *theoretical* views of the host of writers that have for ages past presented the profession with their hypothetical notions concerning this opprobrium medicorum.

We likewise presume they did not expect that a minute examination of the virtues and sanative properties of every article and compound,

* The author of the following dissertation feels it a duty he owes to himself to make a brief statement relative to it. For reasons unnecessary here to mention, he early decided not to compete for the premium which has been awarded him; and consequently he took no measures for procuring a stock of information for the express purpose of using on such an occasion. He did not revoke this decision until seventy-two hours previous to the expiration of the time limited for the reception of dissertations; and was then much occupied by unprofessional concerns, as well as engaged in attending the business of a fellow physician confined by sickness. With the exception of the case quoted, which he already had on hand, all his materials were hastily collected, and as hastily huddled together. He says *huddled*, because he is well aware that little method or arrangement is to be met with among them. As a literary or scientific production, he is sensible that this will rank far below mediocrity; and furthermore it is a production of which he feels not proud. It is the *matter* and not the *style* to which he would direct attention; the *essence* and not the *form*: the *spirit* and not the *frail tenement* which incloses it. He asks a candid examination and fair trial of the plan which he advocates, and is willing to abide by the issue.

Providence, June 30th, 1836.

which has at divers times been recommended to the faculty, would be critically made, and their comparative merits and efficacy pointed out ; inasmuch as this would pre-suppose an extent of practical knowledge, facilities for observation, and opportunities for instituting comparisons, with which no one individual, situated as we are in this State, has ever been favored.

We furthermore conclude that by the question, what is the *best* treatment, is meant, not what, in all cases and under all circumstances, is the best treatment ; what is *uniformly* so ; but what is the *most generally* so ; upon what treatment can we usually rely with the greatest safety and certainty of success. For of all the vast variety of medicines, which, from time immemorial, even down to the present day, has been brought forward, we have no doubt that each has proved and will prove advantageous, in particular cases and under certain circumstances. But these cases and circumstances are, unfortunately, exceptions to the general range, and, consequently, when we base our daily practice upon the success with which our efforts have been crowned, in pursuing a certain plan in a *few* given cases, these efforts are too often balked by a continued round of disappointment.

A wish is expressed that the dissertation may be as *practical* as possible ; from which we infer, that instead of a long and learned and minute compilation, and a fearful display of high authorities, and copious extracts from divers sources, the result of the writer's own experience and observation is desired ; and that it is wished that whatever remedies he recommends, may, in so far as possible, have their power tested by his own practice, and that of those who have been guided by corresponding views with his own ; in other words, that he may draw as little on books, and rely as much upon himself, and the viva voce of others, as possible.

These remarks are premised in consequence of the course we have marked out for ourselves in this essay ; for although we have circumscribed ourselves within very narrow limits, the labor required is much greater, notwithstanding the credit deserved will be, in the eyes of ordinary readers, less, than if we had taken a wider range.

Rheumatism.—Morbus ab externa, et plerumque evidente causa ; pyrexia, dolor circa articulos, musculorum tractum sequens, genua et reliquos majores, potius quam pedum vel manuum articulos, infestans, calor externo auctus.—CULLEN, Cl. 1, O. 2, G. 22.

Arthrosia Acuta.—Pain, inflammation and fulness usually about the larger joints and surrounding muscles ; often wandering ; urine depositing a lateritious sediment ; fever a cauma.—GOOD, Cl. 3, Ord. 2, Gen. 12, Spec. 1.

Arthrosia Chronica.—Pain, weakness and rigidity of the larger joints and surrounding muscles ; increased by motion ; relieved by warmth ; limbs spontaneously or easily growing cold ; fever and swelling slight, often imperceptible.—GOOD, Cl. 3, Ord. 2, Gen. 12, Spec. 2.

The above definitions embrace the symptoms which, as we understand, constitute the disease under consideration. According to Martinet, there is " Pain, more or less acute, producing a gnawing sensation,

increased by the action of the affected muscles ; accompanied, particularly in acute cases, with swelling and slight redness of the integuments ; generally brought on by cold and moisture. It is liable to sudden metastasis to the muscles of a different region or to the joints ; when it is severe and very painful, it causes fever and various constitutional symptoms. The muscles most generally attacked, are those on the back of neck, the parietes of the thorax, and the lumbar region. When the joints are affected there is an acute lancinating pain in them, increased by motion or the slightest pressure, and accompanied by a greater or less degree of swelling, and sometimes of inflammation of the skin, with perceptible fluctuation. It most commonly attacks the large joints, as the knee, the wrist, the elbow. When the disease comes on gradually, or when it becomes chronic, no swelling is observed ; the pains are felt only at irregular intervals ; sometimes, however, though rarely, they are continued, but in almost every instance they are increased by changes in the atmosphere or by cold. This affection is generally very tedious, lasting for many weeks, and in some instances for years, and after it has ceased is very liable to return."—*L. Martinet's Manual of Pathology.*

As regards its *nature*, it is very generally, if not indeed universally, acknowledged to be inflammatory ; as to its *seat*, that it is located in the muscular, and the fibrous or synovial tissues.

"It is," says Dr. Page, "an affection of the tendinous structure, occupying principally the fasciæ, the ligaments, and bursæ, the tendons and their aponeurotic expansions, and penetrating the muscles by those thecæ which involve and bind together the fasciculi of fibres of which these are composed." To the opinion of Carmichael Smith, that the muscular fibres are the seat of disease, of Dr. Motherby that the cellular substance is, and of others that the coats of the arteries themselves are, it is objected by Dr. Page, that "when inflammation is neglected in one or the other of these systems, it manifests a disposition to run on to suppuration ; while this is very rarely the case in rheumatism, and the sudden translations of the disease show a wide difference between it and common phlegmon."

But L. Martinet, whose opportunities for pathological investigations at the Hotel Dieu were very great, gives the muscular tissue as one location, and observes of the anatomical character of the disease when thus seated, "If the inflammation has been very intense, pus is sometimes found infiltrated into the part affected, or even collected so as to form an abscess. The substance of the muscle is softened, of a reddish brown color, easily torn, and contains a bloody serum." Farther, he observes, "The articulations are filled with purulent matter of various consistence, or with a bloody serum ; the synovial membrane is often found injected, swollen, and in some cases altogether destroyed ; the articular cartilages have partly disappeared," and finally, "pus is sometimes found effused round the joint, or into the sheaths of the tendons." From which it appears that here, as well as in other cases of inflammation, should it but extend to a certain degree, suppuration is the consequence.

That the inflammation in this disease varies from ordinary inflammation, we think cannot be doubted; but this very variation is probably the reason why suppuration does not more generally occur; yet the occurrence of it in aggravated cases shows that the true character, however much it is kept in abeyance, will at times manifest itself.

On the other hand this same modification which constitutes the difference between it and ordinary inflammation is a sufficient reason, we consider, why a treatment that is deemed inappropriate or injurious in the latter, may prove suitable and highly salutary in the former.

As to the *cause* of rheumatism, it is for the most part to be attributed to an undue exposure to cold and moisture, in whatever way, or under whatever circumstances this may take place; as by being in a damp situation, by sitting in a current of air whilst overheated, or in a state of perspiration, &c.; though where there exists a peculiar tendency to rheumatic action, from hereditary predisposition, or other cause, it may be called into operation by any other excitant of inflammatory fever; a sprain, a bruise, or fall, will often rouse up, or have as a sequence, some rheumatic affection.

The two grand divisions of this disease have been into *acute* and *chronic*; though Dr. Sherman (in the London Medical Repository and Review), in speaking of the distinction between rheumatism and inflammation, condemns this division. He considers the *chronic* form as the *actual disease*; and the *acute* as a *mere variety* occurring in vigorous habits, and so modified as to affect the whole system. But in both cases, the disease is farther divided, and has had specific names bestowed, according to the particular portion of the system where it develops itself: hence we speak of lumbago; sciatica; arthritis, or articular rheumatism; myositis, or muscular rheumatism; torticollis, or rheumatism of the neck; pleurodynia, or rheumatism of the parietes of the chest, or intercostal muscles.

The general character of the disease continues the same, under all of these modifications, and consequently one general therapeutic plan should form the basis of our treatment; those particular medicines being used as adjuvants which experience has taught us are most suitable to meet the diverse exigencies of cases, as they may arise. It is the *general* plan of treatment that we shall chiefly dwell upon.

TREATMENT.—This disease has been treated by venesection, cinchona, colchicum, arsenic, mercury, antimony, senega, sulphur, ammonia, camphor, turpentine, stramonium, digitalis, cathartics, sudorifics, antispasmodics, &c. &c., internally administered; and by endermic medication, by electricity, acupuncture, moxibustion, vapor baths, fumigations, washes, liniments, evaporating lotions, epispastics, sinapisms, leeching, cupping, &c. &c., externally applied.

We thus at once launch forth upon an ocean of remedies; and correct must be his chart, skilful the helmsman, who is enabled safely to steer his course amidst the various shoals and quicksands that present, and to shun the eddying whirlpools that he may unwarily approach. We shall not dare to attempt the discussion of the virtues of the almost innumerable articles which have been prescribed for this indomitable adversary; for a

simple description would outvie the bulkiest treatise on the *materia medica*, ever issued from the groaning press. Much less shall we enter into a detail of the many *nostra* and patent medicines that have been, and still are, trumpeted round as sure and never-failing specifics.

It is in such diseases we see well exemplified the ardent love of mystery, and the strong attachment to novelty, that beset mankind; their easy submission to quackery and imposition; their great, their almost uncontrollable propensity and ready willingness to confide in the unlimited assertions and unqualified protestations of every unprincipled, disreputable, and brazenfaced impostor that presents himself, notwithstanding the repeated fleecings to which they have been subjected by the modern vampyres of the same "kith and kin" that preceded him; and more than all, their firm and resolute refusal to profit by dear-bought experience, which, in all other concerns of life, teaches so useful and so long-remembered a lesson.

We shall speak briefly of a few of the most prominent and powerful of the remedial agents just specified.

The first in rank is *venesection*, which has been alternately lauded as the most salutary, and condemned as the most unsafe and injurious means to which resort can be had in rheumatism. Rush, Pringle, and a host of others, were advocates for it, both in acute and chronic cases; whilst Fordyce and other physicians were opposed to it. In all cases of metastasis there can be but one opinion with regard to the importance of bleeding, where the vigor of the constitution will admit of it; and this, whether the metastasis be to the brain, the heart, the diaphragm, or other vitally important part.

As a *general rule*, however, profuse or oft-repeated venesection is *not approved* of at the present day; "as the course of the disease is seldom shortened by it, even in strong constitutions, while in weak habits, or where there is a tendency to any disease of internal organs, we not unfrequently find some metastatic action set up, sooner or later, which is of much more serious consequence than the original malady."

A mode of treatment directly adverse to the above, has also been as ardently espoused and as strenuously condemned; we mean, by the use of *cinchona*. Drs. Morton, Haygarth, Fordyce and Fothergill, spoke in the highest terms of its employment, whether the cases were acute or chronic. Indeed Dr. Fordyce states, that for *fifteen years* he had relinquished venesection for bark, and that he had met with few cases of metastasis; although when he depended upon copious bleeding, they were frequent. Dr. Haygarth says that the bark failed him in but four out of one hundred and twenty cases, which embraced those of *every modification*, both acute and chronic; from which he inferred that "bark does not cure an ague so certain and so quickly, as it does the *acute rheumatism*."

On the other hand, Dr. Cullen and many others discountenanced its employment. "I hold it," says Dr. Cullen, "to be *manifestly hurtful*; especially in the beginning and in the truly inflammatory state" of acute rheumatism. Dr. Parry says, in one case of a remittent character, cinchona succeeded perfectly, but in others it was thought to be

useful only because by its exhibition the use of more dangerous remedies was prevented. "As far as my observation extends," says Bedingfield (of the Bristol Infirmary, Eng.), "bark has generally been injurious."

Few, we conclude, would now resort to this article, excepting during the period of convalescence, or where great prostration or extreme debility is present, or threatening to supervene, or where the disease assumes an intermittent or remittent type.

Perhaps no remedy has met with more favor of late years, than *colchicum*, in this country, as well as abroad. We have seen it used with very decided advantage in the Massachusetts Hospital and elsewhere; on the other hand we have often been disappointed with it; one probable cause of which, we will hereafter note. The cases in which this is particularly applicable, according to W. Gordon, of Edinburgh, are, where the pain is *always* increased by motion or cold, but *invariably* relieved by the application of warmth. He prescribes it in the dose of one or two drachms of the tincture, three or four times per day, which usually acts upon the bowels and often produces relief. There seems to be some diversity of opinion whether the vinous or acetous tincture, the bulb, or the seeds, be preferable for use.

The Messrs. Haden, who devoted much attention to the subject, employed the dried bulbs in connection with a neutral salt, as sulphate of potash; e. g. in acute cases, Mr. Haden, sen. gave from two to eight grains of *colchicum*, with one scruple of sulphate of potash, in rose water, every four or six hours, according to circumstances; in chronic cases, a daily morning dose of five grains of *colchicum*, with a scruple of sulphate of potash, in a draught of warm water, to be repeated if necessary for weeks, with any purgative adjunct required. Mr. Haden, jr.'s rules are nearly the same; his formula is—*R. colchici pulv.* 1 part; *potass. carb.* 3 part; *potass. sulph.* 5 part. *M. Pro dos.* 3j. *ter vel quatuor in die. cum lb.ss. aq. tepid;* in effervescent. *cum ac. tartaric vel citric.* After purging, the *colchicum* may be given alone, if this mixture is likely to be ill borne. Children's doses, from two to sixteen grains.

Dr. Hawkins thinks that "Some advantage has resulted from the distinction of fibrous from synovial rheumatism; as *colchicum* has been found to be almost a specific in the cure of the latter, though it frequently disappoints us in the former."

It diminishes action without producing any inanition of physical power, and consequently is well adapted to those cases where depletion seems requisite, and yet from the delicacy of the constitution we demur respecting the propriety of employing the lancet. We generally have used the powdered seeds, giving as a medium dose gr. 2 1-2, guarded with the third or fourth of a grain of opium.

The *arsenical solution*, *liq. potass. arsenit.* has been considerably employed, especially in cases of a remittent or intermittent form; and has been highly extolled by Mr. Bedingfield, as one of "the most powerful remedies for the removal of chronic rheumatism."

POISONOUS PARTRIDGES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It occasionally happens that persons are made sick by eating partridges.* The cause of this I have never heard satisfactorily explained. Perhaps some of your readers may be enabled to enlighten us on the subject, and with this view I take the liberty of calling their attention to it.

Cases of illness produced in this way most usually occur in February and March, though they have been met with in the early part of January. They are said to be most frequent in those seasons in which the ground is well covered with snow, which is supposed to deprive the partridge of its accustomed food and compel it to feed on the buds and berries of some noxious plants.

Some are of opinion that the birds can partake of this food without injury to themselves, whilst it imparts so poisonous a quality to their flesh as to produce severe illness in those who eat of it. Others believe that these buds and berries sometimes poison and kill the partridges; that unprincipled individuals offer these birds for sale, and it is only the flesh of those that have been in this way destroyed, that is capable of producing deleterious effects.

It is desirable to know if any of these opinions be correct. It would also be important to ascertain if it be the food of the partridge that renders its flesh poisonous, what this food is, and what principle it contains that is capable of exerting so powerful an influence on the human system.

A severe case of sickness, produced in this way, which came under my care the last week, has naturally called my attention to the subject. I hope that some of your intelligent correspondents in the country will be able to throw some light on this point, and they may be sure that any information they may give will be interesting both to the physician and the naturalist.

Yours respectfully.

Boston, March 21st, 1837.

GEO. HAYWARD.

MEDICAL BOTANY.—NO. I.

BY SAMUEL A. TOOTHAKER, M.D., CAMBRIDGE.

[Communicated for the Boston Medical and Surgical Journal.]

THE term "Medical Botany" has come to be used for so many purposes of late, that it conveys but a vague idea of *something*, understood only by reading the article to which it serves as an introduction, or by an acquaintance with him who ventures to use an expression which has been so often appropriated to fraudulent purposes as to become unmeaning, if not disgusting. It has been claimed, exclusively, by those who boast of "*Indian skill*," and, ignorant even of botanical names, pretend

* It is perhaps hardly necessary to observe that the partridge of New England is at the South called pheasant; it is the *Tetrao Umbellus* of Linnaeus.

to cure *all diseases* by administering a few herbs in decoction, affirming that "Balsam of Liverwort" will surely heal the liver, Lungwort, the lungs, and Boneset will cure the bones.

But "Medical Botany," says the Thomsonian, "is a term which belongs only to me." He uses cayenne pepper, lobelia, hemlock bark, gum myrrh, and a few other articles, not amounting to one fourth part the number of botanical remedies in the *materia medica* of the regular practitioner, yet "Medical Botany" is his favorite term. He thinks it more *popular* than "Steam Doctor," or "Stimulator," in these temperance days.

Two or three years since, notice was given in the churches in Lowell, that a public lecture on medical botany would be given on a succeeding evening in the town hall. The hall was filled; but the language of the lecturer was so disgusting, as he hurled anathemas at the medical science, that nearly the whole audience soon retired—not, however, till the speaker had identified himself with the steam doctors.

Recently, "Botanical Physician" has been generally applied to those who use cayenne, lobelia and steam; while others must seek some other name, as *Vegetable* or *Root Doctor*.

I need not say, that neither of the two classes of "*doctors*," of which I have spoken, has, generally, any correct knowledge of the science of Botany. Consequently, they must be liable often to mistake one plant for another of the same vulgar name. This, too, is a sufficient reason why country practitioners should give particular attention to the botanical characteristics of the plants they use in medicine, and recommend to others, and by which they are surrounded. I tell no new thing, when I say that many of the indigenous plants with which our country abounds, are among the most valuable remedies in our *materia medica*. And, doubtless, very many of their therapeutical properties are yet unknown, alike to the regular physician and the deluded and boasting empiric.

To the scientific physician belongs the labor, and on him devolves the duty, of investigating their properties, giving their botanical descriptions, and influencing the apothecary to supply his shop with those which are most valuable. This labor, if performed at all, will not be done with any degree of accuracy by the illiterate pretender. Much has been done recently, by medical men, towards giving to this subject, at least, "a local habitation and a name;" but the field is only opened before us for investigation, and a few isolated points determined. If I can succeed in calling the attention of any, better qualified than myself, to the subject, by imperfectly sketching the botanical characteristics and medical properties of a few medicinal plants, I shall be fully compensated for any labor I may bestow upon it.

March, 1837.

NOTE.—Dr. Toothaker has no competitor, at this particular time, and his communications, which are to be of a practical character, judging from this introduction, will doubtless be well received by our readers. Punctuality being the life of business, the numbers are expected to succeed each other with regularity and order.—ED.

THE INFLUENZA IN LONDON.

MENTION has already been made in the Journal of the extensive prevalence of this disease in various parts of Europe. Its nature and treatment were discussed at several meetings of the London Medical Society in January, at one of which Dr. Clutterbuck presented a paper containing his views of the epidemic.

After speaking of the great interest attaching to the subject, the author remarked that epidemics of this kind had been known for about three hundred years, and that there had probably been many before, not recorded, though it was likely that their history would be of little benefit as affording precedents for the treatment of the present general catarrh, since all epidemics were more or less modified by circumstances. In the present epidemic the great outline of symptoms was strikingly similar in the generality of cases, though variations existed in particular instances. It generally commenced with a chill, followed by rigors, then heat and dryness of the skin, sneezing, lachrymation, and pains in the head, back, and limbs, with a frequent and small pulse, white tongue, and watchfulness. It bore in many particulars a strong likeness to the measles, and the author had occasionally expected to see the eruption of that disease in cases which occurred in children, but of course he did not detect it. In some patients there was sore throat; in more severe ones, vomiting and delirium; and in one case he had seen actual phrenitis. The symptoms, however, were, generally, slight and trivial, like those of common catarrh, generally lasting ten or twelve days. If the bed was kept for a couple of days a perspiration broke out, and the case went on well. The nature of the disease, he should say, was specific, arising from a specific cause—using the word *specific* to distinguish it from common disease—taking on all the characters of ordinary catarrh, with the addition of cerebral disease. We were ignorant of the cause of the disease, but it was evidently, directly or indirectly, connected with atmospheric changes; but whether resulting from a physical change in the atmosphere itself, or from the air becoming the vehicle of some noxious matter, was a mystery. All means of prevention were, therefore, unavailable. In the *treatment*, its specific nature must not be forgotten. It *would* run its course. The object, therefore, was simply to palliate, not to aim at a cure. In the majority of cases little or no medical treatment was required, but where the fever ran high, or the pain in the head was intense, or respiration was difficult, or pain in the chest was severe, with harassing cough, a high degree of arterial excitement was denoted, requiring antiphlogistic treatment, and bloodletting, as the most effectual means, was to be resorted to. This should be employed as early as possible. Eight or ten ounces taken away during the excitement considerably mitigated all the symptoms; the pulse became slower, the skin moist, and, if the lungs were affected, that sub-acute inflammatory state which engendered phthisis was prevented. If, at a later period of the attack, inflammatory symptoms again appeared, bleeding was again to be employed, though not to the same extent as at first. Regarding the strength and age of the patient, the author did not

consider that either infancy or old age opposed decided objections to bleeding, where the symptoms appeared to require it; but in those two conditions it was necessary to resort to the depletion early. He did not place much reliance on the other means which had been recommended, such as tartar emetic, mercury, or camphor. Indeed, he had seen a case in which the disease attacked a person affected with ptialism, without mitigation of the severity of the epidemic. Blistering, after venesection, was occasionally useful. Opium must be used with the greatest caution. In old catarrh little good could be done. True, stimulants might be employed, but to stimulate was not to strengthen. The blood, in all cases, presented the usual inflammatory characters.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 29, 1837.

"THREE EXPERIMENTS OF LIVING."

THIS is not a medical book, nor would we have now noticed it, but that the principal character is one of our craft and thereby comes under our supervision. Nor even on this ground alone would we speak of it here; but it has so many excellencies, and is so popular and read so extensively, that we fear its virtues will give wide currency to its vices, and, as far as its influence goes, encourage the notion that success is the great and only thing to be thought of by the young physician, no matter how pitiful the means nor how improbable the circumstances by which it is obtained.

Dr. Fulton is poor, yet marries at the outset of his attempt at practice. Here he was with a family, but without any means of support. The ordinary and natural course, in the commencement of our professional life in the city, is to get, now and then, a poor patient, while the calls to those who pay, are few and far between; and if the young physician get enough to pay his own personal expenses the first year or two, and that with the most rigid economy, he does well. But our doctor cannot wait; he has already doubled his expenses, and the author gives him good business enough to meet them punctually every quarter. Dr. Fulton, not content with the usual and honorable ways of gaining friends, puts up a sign over the door—PRACTISES FOR THE POOR GRATIS. These means not answering his ends, our delicate doctor adds another—FURNISHES MEDICINES TO THOSE WHO CANNOT AFFORD TO PAY FOR THEM.

This is true neither in fact nor by supposition—for no respectable physician ever has done or would do this to obtain practice in Boston. Ours is a modest profession—no member of it may profess peculiar virtue or generosity—we are not to blazon our own promises of good, nor our skill—we are all willing to advise the poor without fee—and none would put forth a sign to this effect, any more than that he does not steal nor give poison.

What other acts Dr. Fulton used to gain business, is not revealed in

the book—but from these specimens, we presume he had no very nice notions of professional courtesy and honor.

There is indeed a strong temptation to resort to improper acts to get business; the usual term of pupilage is insufficient even to lay open the vast extent of knowledge necessary for medical practice—our new graduates cannot possibly have done more than to acquaint themselves with the general principles of disease. It is an absurdity to suppose that any one can have peculiar knowledge above his fellows. Neither skill in diagnosis nor in the application of medicine can have been acquired. The young physician is and must be a novice in the art until, by patient diligence, he gradually gains both knowledge, and the confidence of the people that naturally grows out of it. Thus his professional reputation is built on a good foundation, and will bring forth rich fruits of employment and payment.

There is danger of attempting to make ourselves popular at the expense of truth, by pretending affection which we have not for people; but we cannot indeed fall at once violently in love with all our new neighbors, nor at once become very familiar with men and women with whom we have no sympathy. We can or ought to be courteous and polite to all within our reach; but to make a show of affectionate anxiety for all we meet, and particularly for the subject of a cough—to pretend great fear for one sick of a fever, though not under our care—to inquire of the friends or family, with apparent interest, for one sick under another's charge—to visit a woman enceinte assiduously, in whose family we are not the physician or are not bespoken—to speak much of our practice—to tell of our cases and visits, or our theory of disease, among our friends or in public—to ride more than we are called—to give the impression that we are oppressed with business or care, or are especially faithful in our attendance upon our patients, and that their welfare lays heavily on our souls—to believe ourselves, or let our friends believe, that the perhaps accidental coincidence of our attendance with the convalescence of our patients, is certain proof of our skill—to let our friends visit the patients of others, and assure them that we have been exceedingly successful in treating *exactly such cases as theirs*;—these arts are too mean, too shallow to be practised by any respectable member of our profession. We know they are sometimes used by the cunning and the simple with success; and these are apt to suppose that the end justifies the means; but this flush of business is no proof of their merit.

We are well aware that the early life of a physician is full of painful trials, and hope of prosperity deferred almost makes the heart sick; but as all go through this ordeal, to earn the highest patronage, none need despair of obtaining ultimately his due support. And it is well for us and for our employers. We have at first but a general knowledge of disease—we have seen but few patients—we can apply our skill advantageously to only the simplest and commonest cases; but we can study them faithfully—we have time to examine them in all their bearings, and store our minds with facts and principles of diagnosis and therapeutics, which will serve us when we shall be more busied abroad and have less time at home. Our business thus grows gradually upon us, and our learning may keep pace with it, that by the time we have become sufficiently educated our patients will have become sufficiently numerous. Added to these mental gratifications, we must have faithfulness, kind-

ness of manner, and a sincerity without which no reputation is worth the having.

We are sorry to find fault with this book, otherwise so good ; but we ought not to let it have so wide a circulation as it now has, without, in the name of all that is respectable in our profession, uttering this disclaimer of the moral principles of Dr. Fulton.

MASSACHUSETTS GENERAL HOSPITAL.

THE following interesting case was operated upon at the hospital on the 9th inst.

The patient was formerly a shoemaker, but at present is a trader. He came to Boston in the spring of 1836 to consult Dr. Warren for a hard tumor on the cartilages of the left ribs. His case was this. Two years before, while holding a shoe, on which he was at work, against the breast, the shoe slipped, under the pressure, and struck him on the cartilage of the sixth rib. The following day he perceived a slight swelling on the spot. This gradually increased, and was about three inches in length when he was first examined. An operation was advised, to which he assented ; but having some business to transact he returned home, and did not appear again till about the commencement of the present month, when he entered the hospital for the purpose of submitting himself to an operation. The size of the tumor during this period had greatly increased. Beginning at the upper edge of the cartilage of the fifth rib, it extended to the lower edge of that of the eighth, being about five inches in length from above downwards, and four in a transverse direction, from the median line to the left. In color the skin was not changed, excepting that it exhibited numerous enlarged veins. In consistence it had the firmness of a periosteal tumor—that is, something less than a bony hardness. A degree of sensibility existed on the edge of the cartilage of the fifth rib, and at some other points. It was slightly moveable in a lateral direction, but not in the vertical, and its movement did not appear to affect the ribs. There was a sensible pulsation in it without vibration. The patient wished to know whether an operation for his relief could be safely performed.

The first question was, what is the nature of this tumor ? To the eye it had the appearance of osteo-sarcoma ; to the touch it wanted the osseous plates of that disease. Was it a disease of the perichondrium ? Might it not be a projection caused by internal aneurism ? Did it lie on the outside of the ribs, or might it not extend inwards as well as outwards ? There was an obvious dip of the tumor below the edges of the cartilages into the epigastrium.

Dr. Warren seemed to think that it was either a scirrhus or perichondrial disease—lying under the externus oblique and rectus muscles, and over the cartilages of the ribs, whence it descended into the epigastric region and came in contact with the external face of the internal oblique. As, however, it might extend through the thickness of the cartilages, it would be necessary to consider the possibility of taking out these cartilages. It appeared to be practicable, after cutting through the externus oblique and rectus muscles, to destroy the attachment of the internal oblique and transversalis to the cartilages, and even to separate the diaphragm to the extent of an inch in the direction upwards, and then, with-

out opening the peritoneum, pericardium or pleura, to cut through and remove the cartilages if diseased.

A meeting being held of the consulting surgeons of the hospital, it was decided that it was proper to perform the operation, and proceed in it as far as the patient's safety would permit. The operation was performed on the 9th of March in the following manner. The patient being placed on a table, an incision seven inches in length was made from the fourth rib downwards, and the anterior face of the tumor exposed by dissecting away the integuments with the externus oblique and rectus muscles, so far as these were not incorporated in the tumor. Its face being exposed, presented a blueish color, and was of a scirrhus hardness. Every stroke of the knife was followed by a copious flow of blood. When the circumference of the tumor was uncovered, its edges were found to be quite undefined, and concealed by the muscles above mentioned. These being cut through, an ill-defined edge was discovered, and the dissection was continued along the ribs, from which it was perceived that the tumor could be detached, although strongly adherent. When the dissection was carried as far as the edge of the ribs, the tumor was found to turn down over the cartilages into the epigastric region, to involve the internal oblique and transversalis muscles, and to adhere to the peritoneum for the space of about an inch. From this it was dissected up, and the whole tumor removed in a mass. The latter part of the operation was much obscured by the quantity of blood which was given out by the arteries on all sides. Four large arteries and some smaller ones required ligatures. The patient suffered much when the tumor was raised, from its drawing the peritoneum outwards. This part of the operation, however, was short, and as soon as it was terminated he ceased to suffer severely. The wound was closed, leaving an outlet for the sanguineous oozing.

On examination of the tumor, it presented a cartilaginous hardness. Its surface on all sides was composed of the muscles between which it lay. Its substance consisted of a brownish texture, in which a multitude of granulations, the sixteenth of an inch in size, presented. At one point there was a softening, as if suppuration was about to commence. At another a discolored spot was seen. The internal or epigastric part was equally hard with the rest of the tumor. The surface of the cartilages was deeply depressed where the tumor had lain.

The patient, since the operation, has had a smart fever, and some appearances of peritoneal inflammation, which was relieved by two or three bleedings. From this he is now convalescent.

Oxygenated Soap.—For some time we have had it in mind to make mention of this excellent article, manufactured by Mr. Eliphalet Davis, of Cambridgeport. Something of this kind has been wanted in hospitals, as a sort of preparatory, before wounds, ulcers and abraded granulating surfaces receive their appropriate dressings. Its strictly detergent properties render it a decidedly useful wash in all this class of external maladies. Mr. Davis has gone to work like a chemist in the composition of the oxygenated soap, with reference to its introduction into infirmaries; and we can with pleasure speak decidedly in its favor, as meeting with the approbation of surgeons in this region of country.

Internal Exploration of the Abdomen.—A case is detailed in the London Lancet, by Dr. R. C. King, of an abdominal tumor, for the removal of which an operation was deemed necessary. On account of the position of the patient, the tumor could not be detected after the necessary incisions had been made in the parietes of the abdomen. The fingers were passed in a perpendicular and upward direction. The kidney of the right side was handled, and was found capable of being raised from its position nearly two inches. The cavity of the abdomen was closed after being exposed, in this unsuccessful exploration, about twenty minutes. The patient complained of but little pain; there was a sense of sickness when the cavity was exposed, and frequent retching; the pulse quick, but regular. After the operation, the tumor gradually increased, though the patient declared herself better than before.—Other cases are mentioned by the same gentleman, in which tumors were successfully removed by opening the great cavities of the body.

Extraordinary Delivery.—Malignant soft tumors, whether of the uterus or ovarium, when they present themselves in the vagina at an advanced period of utero-gestation, give to the less experienced medical attendant the idea of a *placenta prævia*, and many have acted under this erroneous impression. One of the most extraordinary cases I ever was summoned to, proved to be of this description; the operator passed his hand through the soft tumor in the vagina, and, missing the uterus, entered the abdominal cavity, seized and ruptured the gall-bladder, and actually delivered numerous biliary calculi *per vaginam*.—*Mr. Crosse's Address.*

Operations for Cataract.—At a meeting of the Academy of Sciences, in Paris, in December last, M. Roux stated, that, within the last thirty years, he had operated for cataract 4,500 times; not, of course, on this number of patients, as in many instances the affection was present in both eyes. At the commencement of his practice, M. Roux had no prejudice in favor of either of the two methods commonly employed; he viewed depression with as much favor as extraction, and submitted both to thorough trial during a period of ten years; he then examined the results of all the operations, amounting in number to about 600. This comparison led him to form a conclusion decidedly favorable to extraction, and he has, since then, adopted this as his ordinary practice, reserving the other mode for the few cases which appear peculiarly adapted for its application; the proportion of which, according to M. Roux, does not exceed 1 in 20.—*Elect. Journal of Med.*

Hospital Money.—Among the successful amendments to the harbor bill, at the late session of Congress, was one appropriating \$150,000 to cover the expense of suspending the seamen's hospital tax.

Anatomical Discoveries in 1836.—The anatomical discoveries of the year are thus summed up by Mr. Crosse. Drs. Breschet and Roussel, trusting to microscopical observations, have minutely described the anatomical appearances of the skin, and satisfactorily demonstrated the sudorific exhalant ducts; the inhalents they have not been able to follow to a termination on the outer surface of the skin, and wish, therefore, that

their account of them should be received *salvo errore*. Professor Müller has discovered some remarkable appendices connected with the minute arteries of the *corpus spongiosum* and *corpus cavernosa*, which promise to throw light upon the structure of the blood-vessels in all the erectile tissues.

Medical Miscellany.—Dr. John Augustine Smith, of the New York College of Physicians and Surgeons, has been giving popular lectures before the Lyceum of Natural History, in that city, on the *physiology of the nervous system, the functions of the senses*, and some of the relations which exist between mind and matter, in which were considered the errors of the materialists.—A bill has been reported in the Legislature of Maine, entitled an “*Act to encourage the study of anatomy and surgery*,” substantially like the anatomy law, so called, in Massachusetts—that is, unclaimed paupers and criminals to be given up for anatomical purposes.—A new weekly Journal, under the title of *British Annals of Medicine, Pharmacy, Vital Statistics and General Science*, has appeared in London.—Mr. Lewis, an eminent practitioner, treats hydrocele by puncturing with a fine needle, until a drop of fluid oozes out on withdrawing the instrument: in three days the disease disappears. Dr. Davis explores the chest in the same manner, and cures the dropsy of that region.—The medical witness act, whereby medical men in England get a round fee for examining dead bodies before juries of inquest, is making an angry discussion in the periodicals of that country.—Mr. Julius Jeffreys, late surgeon of the East India Company’s Service, has invented an apparatus which he calls *The Respirator*, which is designed to supply atmospheric air to the wearer, of a certain temperature, under all circumstances of change, designed to supersede the necessity of going into a tropical climate—as one can easily be manufactured at home. It is a complicated construction, we suspect not worth a farthing.—Sir Everard Home, Dr. Denman, Mr. and Dr. James Johnson, were each, in early life, naval surgeons.—Toxicological chests are on sale in the old countries, containing a complete assortment of tests and apparatus for detecting poisons. Apothecaries ought to be furnished with them.—Dr. Epps is delivering lectures on phrenology at the Hunterian School of Medicine.—The influenza has been extensively prevalent amongst the horses in England.—Dr. Prichard’s researches into the physical history of mankind, begins to excite considerable attention among theologians as well as philosophers.—Removal of the cyst in ovarian dropsy was spoken of a while since at a celebrated medical meeting, as being a very easy operation.—Two children died in Taunton, Mass. recently, from eating the root of the ciuta or hemlock, which they found by the road side.—Dr. Trowbridge has been elected Mayor of Buffalo, and Dr. Bartlett has been re-chosen Mayor of Lowell. Doctors are in the ascendant, there being at this moment more physicians elevated to the mayoralty of cities in England than any other class of men.

TO CORRESPONDENTS.—Remarks on the means of elevating the medical profession, and other papers, are on hand.

DIED.—At sea, on his passage from Boston to Charleston, S. C. John H. Manning, M.D., of Ipswich, Mass., aged 24.—In New York, Peter Forester, M.D., 37.—In Brookfield, Vt. Dr. Joseph Kellogg, 31.—In this city, Dr. Moses F. Randall, aged 42.

Whole number of deaths in Boston for the week ending March 25, 30. Males, 15—females, 15.

Consumption, 6—old age, 3—decline, 1—fits, 1—lung fever, 3—dropsy on the brain, 2—infantile, 3—intemperance, 1—dropsy, 2—quinsy, 1—brain fever, 1—paralytic, 1—hooping cough, 1—burn, 1—stillborn, 1.

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

Nov. 30.

MARSHALL S. PERRY, M.D.
AUGUSTUS A. GOULD, M.D.
HENRY I. BOWDITCH, M.D.
HENRY G. WILEY, M.D.

MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, \$100 per annum; to be paid in advance.

Boston, October, 1835.

June 15—eoptif

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

Franklin Street, Nov. 9, 1836.

N16—tf

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me.; JOSEPH BALCH, JR. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn. Oct. 5—6m

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place, tf—Oct. 19

Boston, Oct. 7, 1836.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, APRIL 5, 1837.

[NO. 9.

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.—NO. I.

BY THOMAS H. WEBB, M.D., PROVIDENCE.

“What are the causes and nature of RHEUMATISM, and the best mode of treatment to be employed therein?”

(Continued from page 122.)

MERCURY has also had its powerful friends and enemies. Dr. Fothergill, whenever he encountered an obstinate case, resorted to calomel, in alterative, or, as he denominated them, tonic doses; which sometimes accomplished the desired purpose without, and at other times only after, inducing ptyalism. A late reviewer observes of this and colchicum, that “they are remedies of great power, and that the almost immediate cessation of the most severe articular pains on the supervention of salivation, must be well known to every practical man.” “Cases of rheumatism,” says Bedingfield, “which had long resisted every plan of treatment that could be devised, have at length been cured by giving a scruple of calomel twice a week.”

But this medicine, however well adapted for hospital, will not answer in private, practice, so long as a reasonable hope of relief by other means, remains; such is the violent opposition waged against it by the community, partly owing, perhaps, to former gross abuses with the article, and partly to the imposition of designing knaves that are continually prowling around, and crying up the fatal and ruinous tendency of *mineral poisons*, and more especially of calomel. There are, however, some cases wherein it appears to be a matter of primary importance to have this as an auxiliary; and fortunately they are the ones in which we can have recourse to it, without fear of reprehension; we mean where rheumatism occurs in an individual laboring, or who has labored, under a syphilitic taint.

The only other article upon which the limits we have prescribed to ourselves will allow us to make any remarks, previously to stating what experience has taught us is the best remedy, is *antimony*. This, or rather its compound known as antimon. tartarizat., has been long employed, in very large doses, in Italy, for the cure of diseases of an inflammatory character; and from the trial we have had, and have seen made, with it, particularly in thoracic inflammations, we think it decidedly one of the best therapeutic agents, in such cases, that we have at our command.

We are informed by the Medico-Chirurgical Review, that M. Briche-

teau, of the Hospital Necker, at Paris. has been testing the influence this medicine can exert over acute rheumatism, when given in large doses ; and we are induced to refer to it because, as the reviewer well observes, " this treatment will be found admirably adapted to *country* medical practice, where the physician cannot visit his patient so frequently as he may wish for the purpose of watching the effects of bleedings. It is very generally well suited to old persons whose vital powers cannot bear large or frequent depletions of blood, and in whom the mucous coat of the stomach and intestines is not so apt to be irritated by the drug, as in younger subjects. The rational signs which indicate success from its use are the tolerance, or absence of evacuation, being induced after the second or third dose of the medicine—the retardation of the pulse within the first twenty-four hours—moderate diaphoresis, and the feeling of greater general comfort on the part of the patient. The physical signs of improvement speedily follow.

As there are certain medical constitutions or conditions of climate, season, &c. which contra-indicate large depletions of blood (and when the tartrate "*est un moyen precieux*"), so there are others, "*eminement phlogistiques, qu'interdisent l'emploi du tartre stibié.*"

M. B. has used it freely, and almost always with satisfactory success, in upwards of twenty cases. The quantity he usually exhibited did not exceed from eight to twenty grains. Whenever the resolution of the disease was once fairly established, it was discontinued. Should the symptoms not yield, the practitioner need not fear persisting with the medicine, for M. B. has never witnessed any deleterious consequences resulting from this treatment. If the tolerance of the remedy be not speedily induced, the addition of a few drops of laudanum will very generally enable the stomach to retain it. His formula is orange flower infusion 3vss., poppy syrup 3ss., and the prescribed quantity of the tartrate ; dose, a tablespoonful every hour, or more frequently when the symptoms are urgent. As a *general rule*, one or more bleedings should precede the antimonial treatment ; but should this be impracticable, or from any cause unadvisable, recourse may be had immediately to the medicine. Where the stomach and bowels will not bear it, even with the opiate added, we must discontinue its use. It has been known to induce a congestion and infiltration of the submucous tissue of the bowels, and even a softening of the mucous coat. The lining membrane of the mouth has sometimes become inflamed and even ulcerated during the use of this remedy."

It may be very naturally inquired, how can you reconcile the conflicting opinions that have been advanced relative to the efficacy of the diverse plans here briefly alluded to ? Plans emanating from individuals of high rank, undoubted skill, great experience, eminent talents, endowed preeminently with the qualifications necessary to insure professional success, and against whose integrity the vile tongue of slander never presumed to lift a syllable of reproach.

Much of the contrariety, we think may, nay must, be attributed to the epidemical constitution of the atmosphere which varies so essentially in different seasons and years, and which, as is well known, exerts

a powerful influence over all remedial agents, and in an especial manner over bleeding; so that, as experience teaches us, this may indeed be our sheet anchor for a certain period, by which we shall be enabled safely to ride out the storm, and then unexpectedly giving way, it will suffer us to drag from our moorings and perhaps become shipwrecked.

Again, with regard to certain articles, as *colchicum*, *cicuta*, &c., we attribute much of the difference of success to the variance in the purity of the articles, in consequence of being gathered in an immature state, or mixed through ignorance, negligence, or culpable dishonesty, with foreign ingredients; to the diverse methods of curing and preserving them; and as respects extracts, to the total want of uniformity in their strength, &c., from the unscientific manner in which they are usually prepared.

We are fully satisfied that many have discarded and denounced particular medicines as worthless, from a presumed experience of their inefficacy, when in truth they have never employed them; but in their stead, some of the vile substitutes and villainous compounds that are offered for sale under their name. Look, for example, at extract of *cicuta*; a few grains of this, judiciously prepared, will have a decided effect upon the system; whereas pound after pound of much that is met with, under this appellation, may be administered, without any marked or decidedly good effect resulting from it. And this, partly on account of the plant being gathered at the wrong season, partly from the indiscriminate mowing down of everything that presents to the scythe, and partly from the want of a duly regulated temperature, whilst evaporating the extract.

It is for these reasons that Pharmaceutic Halls, like the Apothecaries' of London, are so desirable in this country; so that the stamp of genuineness may be placed on all medicinal preparations, and that they may be made in a uniform manner and of a uniform strength. But the subject must not be pursued by us at the present time.

Our principal object in writing this dissertation, is to draw attention to a *new remedy*, or rather a *new method* of administering an old one, for the purpose of alleviating the pains and arresting the progress of rheumatism. This remedy is *OPITUM*; an article that has been alternately lauded and condemned, in numerous disorders. The original proposer of the plan, Dr. Cazenave, resided at Pan, which is situated in the vicinity of the Pyrenees, distant about one hundred miles south from Bourdeaux. This spot is very healthy, and the inhabitants enjoy to a great degree an immunity from disease, with the exception of rheumatism, which may be considered as endemial. From this circumstance, aided by others, Dr. C. had ample opportunities for making investigations and testing the efficacy of various remedial agents. The results of his labors were made known in a work containing the history, treatment, &c. of all its varieties.

In setting forth his peculiar views in reference to the employment of this article, we shall take the liberty of quoting the language of the reviewer,* never having been able to procure the work itself.

* In the Medico-Chirurgical Review, Vol. 12, No. 32, page 351, et sequent.

"After remarking on the different effects of this substance, according to the dose or repetition of the doses, Dr. Cazenave proceeds to maintain that its failure is owing to the timidity with which it is administered. It acts in three ways, according to the dose employed. Given in small quantities it obtunds the sensibility and brings on temporary relief—but the cure is not thereby accelerated. Administeted in a soinewhat larger dose, it sometimes occasions nausea, palpitations, giddiness, headache, &c. These effects are, of course, but momentary, and should form no solid objection to the remedy, if it is found beneficial in other respects, besides relieving pain. To the above effects of opium (if it be continued), succeed others:—the patient does not sleep; but he experiences a kind of delightful ecstasy, forgets his sufferings, &c. The action is then excitant, like that of wine. In some cases an abundant perspiration is the result—but, in both events, the radical cure of the rheumatism is effected—that is, with or without the sweating process.

"The quantity of opium will vary, of course, in different constitutions; but the following is the mode of administration employed by our author. To an adult, he orders a pill containing one grain; and an hour afterwards, he gives another grain, if the pains continue. At the expiration of the second hour, he gives a third grain—and, after a little time, he examines his patient. If there be a tendency to hilarity, he administers a fourth grain, and so on, a grain every hour, till a complete calm is established, or an abundant perspiration is induced. This being the case, he orders a grain to be given every two, three, or four hours, according to circumstances, solely with the view of keeping up the perspiration.

"In respect to regimen, during this mode of treatment, it is indispensable, of course, to keep the patient in an even and mild temperature, with flannel next the skin, and on the simplest liquid food. Perfect quietude is also necessary. In this way Dr. C. assures us that he speedily cures rheumatism, whether acute or chronic, or in whatever part of the body it may be seated, without any bad consequences ever ensuing. When the disease is complicated with any other complaint, particularly with derangement of the digestive organs, it will be necessary to attend to the adventitious disorder. If the fever in acute rheumatism run very high, and particularly if any thoracic or abdominal organ be oppressed in function, or laboring under pain, it will be proper to draw blood from the general system, and to put in force the other items of the antiphlogistic treatment."

This plan was suggested to the profession more than seven years since, and we have been somewhat surprised to find, that up to the present period it has attracted little or no attention, save on the part of a few physicians in this place. One would suppose that, considering the best efforts in managing the complaint are so frequently foiled, we should, like the drowning man, seize upon anything that held out the least hope of being serviceable; and that, long ere this, our periodicals would have furnished us with abundance of cases in proof of, or against, its salutary tendency. Yet so far is this from being the fact, few are aware that anything of the kind has been proposed; so slight an im-

pression did the perusal of the paper (if perused), make upon their minds.

Some time after the appearance of Cazenave's views, having a very troublesome, tedious and ungovernable case,* which resisted every course that was adopted, and which, after the lapse of many months, remained as unsubdued as at the onset, we determined to try the efficacy of Cazenave's plan, considering this as obdurate a case, as could easily be selected, for the purpose of a severe test. The following is an abstract of it, viz. :—

T. D., mariner, æt. 41 years. General rheumatic affection, developing itself particularly about the head and in the lumbar region. This man has taken almost sufficient medicine, both as regards quantity and variety, to commence business as an apothecary. He has swallowed, without measure, camphorated emulsions, guaiac., colchicum, &c. &c., and has used externally, blisters, volatile and other liniments, plaisters of muriate of ammonia, et cætera, and been bled repeatedly, yet all with but trifling alleviation.

Finding that he was easiest when in a perspirable state, put him upon the pulv. ip. et op. with the intention of exciting and maintaining diaphoresis for twenty-four or forty-eight hours; it was, however, impossible to induce sweating.

March 1st, 1829. Has a bad cough, for which he is taking the comp. squill pill; labors under partial deafness of the left ear, that is rendered worse by stormy weather; complains of much uneasiness, in attempting to sit down, if standing, or to get up, if sitting; experiences a severe cutting sensation upon passing his water; this sometimes flows involuntarily, and at others is discharged with difficulty and not until after several minutes trial. This would naturally lead to the suspicion that some serious derangement existed in the urinary apparatus, in one portion of its track or another; such, for instance, as the existence of gravel; but there is an absence of all the most prominent symptoms indicative of such a state.

March 9th, he was placed on the comp. antimon. powder, consisting of hydrarg. subnuriat. gr. ij., opium gr. 1-3, et antimon. tartarizat. gr. 1-6, to be repeated once in six hours. Has been troubled with cold chills for some time past, which come on about noon and last until the middle of the afternoon. Prescribed sulphat. quinin. gr. jv. added to pure water 3j. and sulphuric acid 3j.; thus making the super-sulphate; of this, 3ss. was directed to be taken a short time anterior to the expected chill.

11. The mixture was taken as ordered, and the return of the chill prevented. To-day he neglected taking it in advance, and the paroxysm returned as usual; but upon having immediate recourse to it, it was arrested, and did not again trouble him. This affords a striking proof of the powerful efficacy of this remedial agent, for such difficulties, when the system is properly prepared for its reception. The rheumatic affection, however, remained unabated.

* At the Dexter Asylum.

19. Gums beginning to feel sore ; ordered the comp. antimon. powders to be given less frequently ; increasing or diminishing them, as may be found necessary, to keep his mouth slightly affected. This treatment was perseveringly followed until April 12th. His countenance during pyalism lost much of its anxiety, and he looked smarter ; but still the same trouble about the head and loins remained as at first.

April 13th. Stopped all medicines, and directed him to commence tomorrow morning, at 7 o'clock, with opium pills, according to Cazenave's plan. April 14th, visited the patient at noon ; had taken six pills ; was walking about his room, looking quite happy ; felt as though he had taken considerable stimulus. Pains in head and loins have lessened in severity, and occasionally intermit. Pulse, full and strong ; slight moisture on the skin ; tongue has the same thin, white coat covering its surface that has existed from the commencement. Considering all the circumstances of the case, its long standing, &c., upon consultation, thought it advisable not to push the medicine too precipitately ; therefore left orders for him to take half of his accustomed dose, and repeat at intervals of two hours, until my next visit.

15th. Found him, as apprehended, laboring under all the unpleasant symptoms spoken of by Dr. C. as liable to result from an *under dose* ; such as nausea, vomiting, vertigo, inability to sit up, &c. Bowels not having been moved for forty-eight hours, prescribed a dose of salts, to be followed by the opium pills, as at first directed, and to be persevered in, unless they manifestly augment his suffering. 16th. The nausea and other disagreeable symptoms have subsided, and he begins to feel more as he did day before yesterday. 17th. Found him eating his supper ; says he has not the least pain in his loins or head ; and but a little dizziness. This last, I attribute, in some measure, to his medicine. Perspired profusely through the night, so that, to use his own expression, "his shirt was wringing wet." This is a fact worthy of notice, for it will be recollected, that we had already, unavailingly, tried diaphoretics. For costiveness, ordered a dose of salts. Has taken 42 pills within the last 54 hours.

18. After using six more pills, he took his physic ; one ounce was sufficient, which is the usual quantity he required, previous to going upon the opiate course. During the operation of the physic, the pills were stopped ; and the same *uneasiness of the head and stomach*, experienced whilst on the *small doses*, returned ; upon again resorting to the pills, they disappeared.

20th. Improving rapidly ; feels light-headed, from being too closely plied with *grog*, as he terms the medicine. Pills to be reduced one fourth, and to be administered as before, if his feelings and symptoms will warrant this reduction ; if not, the former doses to be resumed. 21. Sweat profusely through the night. Instead of reducing one fourth, he took but one fourth of his usual dose. Lumbar pains returned ; head, however, easy ; bowels regular. Ordered the pill as yesterday. 24th. Lumbar pain again diminishing ; appetite good. Reduced the pills another quarter.

25th. Found him sewing. Is sensible of a daily change for the bet-

ter. Perspires as much as at first, and seems benefited by it. 26. Had a return of the pain in the head, but it was merely momentary. No pain in the loins. Reduced his pill another quarter. 28. Continues improving; reduced his pill to one eighth the regular quantity. A few days subsequently (May 1st), his name was stricken from the sick list, and he discharged, cured. He was seen several times in town, during the year following, and remained perfectly well.

(To be continued.)

SINGULAR CONDITION OF THE COLON—INTROSUSCEPTION.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Feb. 27th, 1837, was called to visit Mr. F. B., a man about fifty years of age. He was a non compos mentis, and therefore was incapable of giving a correct history of his feelings. I found him in the following state—abdomen distended and extremely tender, particularly between the umbilicus and the symphysis pubis, directly under the recti muscles; bowels constipated, no fecal discharge for three days; the extremities were cold, with a slight livid appearance; pulse hardly perceptible.

Treatment.—First administered 20 grs. of calomel and about 30 grs. of jalap, with one drop of croton oil, and in two hours an enema, made of a decoction of the Eupatorium perfoliatum and camomile flowers. Repeated the injection every two hours. The enemas passed off without moving the bowels. The calomel and jalap, in small doses, were repeated every two hours, until he had taken 40 grains of calomel. The injections were repeated every two hours, but without any movement of the bowels. The tumefaction of the abdomen increased; pulse ceased at the wrist; the extremities became quite cold and livid; and in 28 hours after I first saw him, he died.

In five hours after dissolution, post-mortem examination was made. The abdominal viscera were exposed to view by removing the abdominal muscles. The small intestines were very much distended with flatus, which gave a great fulness to them. Between the umbilicus and the symphysis pubis, under the recti muscles, was a large tumor, in appearance like a distended bladder; its color was dark, and it was in a state of mortification. I first thought it to be the bladder, but by raising it up I found it was not attached to the pelvis. By a thorough examination it was found to be a portion of the colon, containing the cæcum and vermiformis appendicula, in a distended state, so as to form a part of the sac. The distance between the two orifices was about two and a half inches; that is, the orifices of the sac formed by the entrance of the ileum and the colon. The sac was quite large; about two quarts of liquid fecal matter were taken from it. In this matter were large beans, cranberries and potato skins. All the contents of the bowels were deposited in this sac.

CASE II.—March 16, I was called to visit a child about 18 months old, afflicted with spasms. The child had been affected with periodical

spasms for eight months, and had had symptoms of them almost from birth; yet it grew and had rather a healthy appearance. The spasms continued after I saw it about one and a half hour, when it died.

In four hours after death, examination was made. The abdominal muscles were removed in the usual manner, and a thorough examination of the viscera was made. The general appearance of the bowels, liver, &c., was healthy—but on more minute investigation of the intestines, we found the jejunum affected with a species of the iliac passion, an intussusception. About three inches of the intestine fell down into the part below, which was contracted, and the bloodvessels partially congested. Its location was about four inches from the termination of the duodenum, and twelve inches from this, was another, very similar to the first in all respects.

Query.—Is this a case of congenital volvulus? What is the probable cause? Could the child have been cured if its situation was known? What are the best remedies to use in such cases? **NEH. CUTTER.**

Pepperell, Ms. March 20, 1837.

REMARKS ON ITINERANTS.

[Communicated for the Boston Medical and Surgical Journal.]

NO. VII.—THE QUAKER DOCTOR.

OF all the wonders which have taken place in the wonder-working world to which we belong, the wonder of the Quaker Doctor might, in some particulars, be considered as ranking the highest. We read of the existence of wonders in ancient times. We have heard of giants tall as the masts of some unwieldy battle-ship, and of pigmies not more than an inch or two exceeding the height of the pen with which I make these strictures. The latter, if I mistake not, were totally extirpated by an army of cranes, which were themselves a number of times upon the point of being defeated before they completed the conquest. We have heard, too, of riches having been bestowed upon persons in a wonderful manner; of persons being transformed into beasts, birds and fishes; and of deformed persons becoming very beautiful. Who has not heard of a wonderful bird called the roe? It was so large that it looked like a cloud, when it was coming from a distance; it could carry a rock of sufficient weight and magnitude to crush a ship, in its talons, and its egg was as large as a middling-sized mountain. Aladdin's lamp was a wonder-working instrument. On being rubbed by its owner, riches could be obtained to any amount; palaces of porphyry and other precious stones, and ornamented with diamonds, could be erected in a moment, and viands in golden dishes could be transported to them from every part of the world. In later times, copper and all the baser metals have been transmuted into gold, riches obtained from an airy bubble, and even now, or but a short time since, somewhere down east, barren rocks, sterile plains and lofty mountains could be converted into fertile valleys, with rivers flowing in their midst, with trees of luxuriant growth and great

value overshadowing them, and with cities springing up without an effort. In all ages, Morison pills, panaceas of different kinds, universal catholicons or Indian root and steam doctors, have promised wonders, and a wonder-seeking people have expected wonders from them.

But I was speaking of the Quaker doctor. I have stated that [he was a great wonder, and unless the magic which has been lost will alter the opinion of him, the reader will fall in with me in believing that he was a great wonder.

He was a wonder, inasmuch as he announced himself as being able to cure all manner of diseases—of curing them without the use of medicine—of even curing them, if it suited the patient any better, without seeing them, if he was only made acquainted with the names of the persons and the names of the disorders. All he had to do was to say over a magical sentence or two, some half a dozen sesame epithets, and “thee, or thy friend,” would be cured. In a very short time after it was known that he was endowed with such a wonderful faculty, patients crowded in upon him from every direction, and cards, with the names of the patients and of their disorders written upon them, flowed in from a great distance by horse loads. Never did a person advance to so high a reputation in so short a time. He was a topic of conversation for everybody, and remarks concerning him have become matter of history, to be handed down to generations yet to come. All that could, visited him personally—partly out of curiosity, perhaps, and partly from the feeling which induces the Mahomedan to visit the shrine of the prophet, and the Christian to desire to visit the Holy Land. There were so many calls, and so many communications, that notwithstanding he despatched the different cases as expeditiously as it was possible, it occupied no inconsiderable portion of his time to attend to them.

When he had amused himself with their credulity long enough, and had created for himself a niche among the wonders of the world, being, if I mistake not, about two years, he frankly owned that his “commission” was taken from him, and “thee,” said he, “must seek a higher power to heal thy infirmities, if thee would be cured by a miracle.”

There were a number of wonders connected with the Quaker doctor. By the credulous it was wonderful that he should be possessed of such a wonderful faculty, for he was believed in reality to be possessed of it. By persons of better information, it was a wonder what his object could be, for he positively refused any remuneration. These things were discussed and commented upon by a great many different persons, and in a great many different places, and a great many different opinions were formed without coming to any unanimous conclusions about them. Many persons interrogated him, in regard to his object, but could obtain no satisfaction. He was too shrewd and too wise to tell everything he knew, or even in some cases to let his left hand know what his right hand did. What he did was generally best known to himself. He generally kept his own council. He employed no person to go before him to proclaim what he was going to do, or to herald his own fame. He was a man, who, though upon a slight acquaintance would not be thought more of than a thousand others, upon an extensive acquaintance was found to have

some ballast about him. Though he talked not a great deal, and was not always upon the gab, there was more contained in that plump, somewhat oblong, fine-looking head of his, than every one supposed. Though he talked not much, there was no affected muteness, no haughty surliness, no defect in his social faculties.

Such a man would not be likely to tell what his object in such a matter was. At any rate he did not tell, and though twenty years have elapsed since he allowed himself to be known as such a person as has been mentioned, it is still a wonder by a great many what his object was. Some may say he had no object in view, but did it out of mere playfulness; but he was too wise, too discreet, was endowed with too much decision of character, to do anything without an object. The people where he belonged, in the town of Shelburne, in Vermont, would consider it a slander and almost a stigma upon themselves, not to have it thought that he had some object in view.

To come to the ultimatum of the matter, though he never told any one, it is supposed his object was to show people what fools they were—to show them what they could be made to believe, and that nothing was too vast for their credulity. He knew that they were forever seeking for wonders, and he thought he would give them one worth looking at. He perceived that nothing, even a saw-mill, would choke them, and he thought he would give them a mouthful for once; but still it satisfied not, and they hankered for more.

What can be done to convince us that we have reason to direct us? To tell us so will not convince us. To use arguments will not do it. If one would hoax us into our senses we consider it too much of a reality; therefore we must let it all go, and let every man think and act as he listeth.

F.

MEDICAL BOTANY.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

NO. II. — CUPRESSUS THUYOIDES. WHITE CEDAR.

SEX. SYST.—The Cupressus belongs to the class Monœcia, and order Mouadelphica. *Nat. Ord.* Conifere.

Generic Characteristics.—Sterile flowers in an ovate *ament*; scales peltate; calyx and corolla none; anthers four, sessile. Fertile flowers —*strobile*, with the scales peltate; calyx and corolla none; germs four—eight under each scale of the strobile; nuts angular, compressed.

Specific Descrip.—C. Thuyoides. Branchlets ancipitous, flattened like those of the Arbor Vitæ; leaves imbricate in four rows, ovate, tuberculate at the base; cones very small, angular, sub-spherical.

This is a large evergreen tree, abundant in swamps in many parts of New England, and in other portions of the United States. It is vulgarly called cedar, cypress, white cedar, &c. The sword-like appearance of its terminal branches, from the peculiar arrangement, and compressed

state, of its minute egg-shaped leaves, renders it easily distinguished from most other perennials, and adds much to its beauty. In foliage, it resembles nearest the Arbor Vitæ, or False White Cedar (*Thuya Occidentalis*), of any tree in our forests. The Arbor Vitæ is, however, much the smallest, and grows on high land.

A highly volatile oil is obtained from the twigs of this tree, by distillation, which is kept in some of the shops, and called by various names. The distillers who send it to the city, being unacquainted with its botanical name, call it what is most convenient, or most conducive to its sale. The apothecary usually buys it by the name of cedar, and sells it as such, without reference to kind. Consequently, it is often used for the Red Cedar (*Juniperus Virginiana*), and *vice versa*. It may be found at the shop of Brewer & Brothers, Boston.

This oil, or its tincture with alcohol, is a powerfully diffusible stimulant, and evaporates rapidly. It bears some analogy in taste and smell, as well as in medical properties, to the oil of hemlock (*Pinus Canadensis*), but is a more powerful remedy. It differs considerably from the Red Cedar in its physical properties and its medical qualities, and, as it is a tree of a different genus, should never be confounded with it. It probably far surpasses the Red Cedar as a diffusible stimulant, producing a generous glow of warmth, and a tendency to perspiration, when taken even in moderate doses.

It is a stimulant, diaphoretic, diuretic and emmenagogue, and ought to have a place in our *matéria medica*. It is a valuable remedy in chronic rheumatism, used externally and internally; and has been given with much success in suppressed catamenia. In dropsical complaints it has been used with benefit. As an external stimulant it often relieves the pain of local inflammations, and nervous headache. I have used it internally and externally with happy effect in *tic douloureux*. It certainly deserves a fair trial by physicians, and its appropriate name given by apothecaries.

S. A. TOOTHAKER, M.D.

Cambridge, March 28, 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 5, 1837.

MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY.

WE have had it in contemplation several weeks, to republish the very valuable, and, to medical men, truly interesting statistical report of the managers of this philanthropic institution, printed by order of the Senate—accompanied by a report and resolve of that body, highly honorable to them as men and wise legislators. A press of matter obliges us to postpone, at this time, all but a part of the report of the Joint Standing Committee on Public Charitable Institutions, reserving the historical and tabular statements for another day.

"It is not possible that, in miscellaneous practice, every physician and surgeon can be sufficiently conversant with the various maladies, to which the organs of vision are subject—to meet every difficulty—and operate with the success of one whose whole life has been devoted to one single branch of the healing art. It was said by the celebrated Baron Wenzell, an eminent European oculist, of great and deserved distinction, that '*he had spoiled a hat-full of eyes,*' before he knew how to operate successfully.

"It is presumed, therefore, that there is always danger that more injury than benefit will be derived from any course of surgical treatment of this delicate organ, by one who is not frequently consulted, and who has not become perfectly familiar with its minute anatomical structure—its functions, and its morbid affections."

"The Charitable Eye and Ear Infirmary asks for relief and aid—not for itself—not for its officers, nor as a reward for services rendered—but for the *sick and indigent*, who seek its portals from all sections of the Commonwealth, as the last and only remaining place in which there is even a hope of relief. Were the feelings of *benevolence* entirely out of the question, and *philanthropy*, that best attribute of the heart, in no instance permitted to exercise its benign influences in the holy cause of relieving human misery, the principles of *economy* alone would justify the Commonwealth in making liberal appropriations for this most excellent charity. If the citizens of Massachusetts have manifested a perfect and ready willingness to support the *indigent blind*, till they have acquired a knowledge of some species of handicraft, by which they can maintain themselves honorably, comfortably and independently—surely they will not, in this enlightened age, murmur at an expenditure which would essentially lessen the number of those who are liable to become *paupers from blindness*. There are many unhappy men, women and children, supported in almshouses, on account of defective vision or total blindness, who might be wholly restored to sight, and who would consider it the summit of earthly felicity to be able to maintain themselves. But to many of this unhappy class, there seems to be no prospect of relief. They have no means of supporting themselves at the institution, when they arrive, until a deliberate investigation of their cases can be had, and the success of operations and treatment fully and satisfactorily ascertained. Private benevolence cannot maintain the vast number of calls made by the poor and afflicted. Patients are continually arriving and departing—and each returning one spreads farther and wider the benefits and praises of this institution. The effect has been to increase the patients till the cases are so numerous as to interfere with the private occupations of gentlemen who have been active in raising the infirmary to its present rank. No one of the surgeons receives any compensation whatever for services rendered to a claimant for surgical relief. All is *free*—all *gratuitous*. But the bright plans, the cheering hopes, the buoyant spirits of those who have been for years in total and unchanging darkness, are too frequently thrown back into despondency and eternal night in the midst of day, just for the want of the simple necessities of life, and a roof to shelter them until a cure can be completed."

"Although your Committee have embodied as many statistical and historical facts, illustrative of the usefulness and undeniable importance of this institution, as might be deemed necessary (in a country, too, like ours, where all are industrious but the maimed, and all are happy

who seek for happiness in a rational manner, except the *blind* and *insane*), yet they would urgently recommend the personal attention of the members of the Legislature to the daily concerns of this theatre of benevolence; being assured that every gentleman will be strongly impressed with the justness of its claims to public assistance."

FUNCTIONAL AND ORGANIC DISEASES OF THE UTERUS.*

DR. JOSEPH WARRINGTON, of Philadelphia, has given to the profession of this country a translation from the French, which will be well received by all conscientious practitioners of medicine. The notes which the American editor has appended, are neither numerous or striking in character; but we are disposed to bestow upon him distinct praise for exercising a sound and discriminating judgment in the selection of this excellent treatise by Duparcque. We feel under real obligations to Dr. W., inasmuch as he has supplied our libraries with a decidedly valuable book, expressly designed to aid us in the management of a diseased organ which has never been very successfully treated in New England.

Part first gives an explanation of the origin and causes of the organic affections of the uterus, illustrated by eleven cases, each one being exceedingly profitable, if well remembered. In the second chapter, follows a general view of the formation, development and termination of alterations of the uterus, together with details of cases, equally valuable. This chapter, however, has a sort of obscure beginning, as for example—"The termination of the development of hypertrophy, which consists in a species of exaggeration of nutrition," &c. which is enough to frighten a pretty good English scholar. Sanguine engorgements, simple sanguine congestion, hæmorrhagic engorgements, chronic inflammations, incidental phenomena of hard engorgements, carcinomatous excreescences, osseous alterations, scirrhus cancer, sanguine cancer, ulcerations, &c. of the uterus, are each carefully investigated. That part of the book, near its conclusion, expressly devoted to descriptions of surgical operations on the same organ, gives an additional value to the preceding four hundred and twenty-three pages. It should certainly be procured by those who feel the want of some concise, elementary essay. It has our best wishes—for the translator, as well as the owner, has unequivocally done his brethren an essential service.

The Blind in Ohio.—It was ascertained, not long since, that there were five hundred blind persons in the State of Ohio, about sixty of whom were at a proper age for instruction, according to the benevolent system practised at the Blind Asylum in this city. There is reason for believing that a similar institution will be raised into being in that State, in a short time.

Copland's Dictionary again.—We are informed by Mr. W. H. S. Jordan, of this city, successor to Mr. Colman, one of the original publishers of the Dictionary, that "all the merit of assuming the risk to furnish

* A Treatise on the Functional and Organic Diseases of the Uterus, from the French of F. Duparcque, &c. &c. &c. Translated, with notes, by Joseph Warrington, M.D. Philadelphia, Desilver, Thomas & Co., 1837. Pages 455.

the third Part to subscribers who had paid in advance, in the continued delay of Gen. Duff Green to do so, belongs to Mr. C., who without any other interest than as one of the original undertakers desiring its completion, has procured the printing of a sufficient number of copies to supply all who have paid in advance for the work." Mr. Jordan adds that any subscriber to the Dictionary who has not received Part III. may receive it by addressing him at 121 Washington St.

Changes in Diseases.—McCulloch, in comparing English tables for the last two centuries, finds that apoplexies and inflammations have vastly increased, and consumptions diminished, as also deaths from surgical operations for stone, &c. Dyspepsia, liver disease and gout might be added to the new productions of this modern luxurious age, in part or in whole growing out of the substitution of spirituous liquors for beer. The general and cheap use of wine, sugar and good food has, on the other hand, greatly circumscribed the march of typhus and other pestilential distempers; while the new scourges of cholera, black vomit, &c., have taken the place of plague, sweating sickness, &c., of the olden time.

Treatment of Influenza.—The London Lancet, in speaking of the late prevalent epidemic influenza, thus alludes to the treatment.

"In the severe cases, the most effectual treatment was found to consist in the administration of an aperient, containing two or three grains of protochloride of mercury, generally combined with aloes. This, in all cases, was found essential; and here we may notice the signal relief which all such cases as smallpox, scarlet fever, under treatment at this period, derived at their commencement, especially from purgatives, of which protochloride of mercury, and rhubarb or jalap, followed by castor oil, &c., were the most useful.

"A saline mixture, composed of tartar emetic and sulphate of magnesia, generally produced in a night or two a diaphoresis, which was always attended with relief; in the arthritic varieties, small doses of vin. sem. colch., in the above mixture, gave great and immediate relief."

Introduction of the Catheter.—In lecturing lately on some cases of stricture of the urethra under treatment, Mr. Liston made some remarks on the mode which he had long observed in introducing the catheter, or bougie, in all cases in which the obstruction was not seated near the orifice of the urethra. He preferred the employment of one hand only, the urethra being left perfectly free; by pursuing that method the instrument was less likely to be impeded, the natural obstacles met with about the sinus of the urethra being more effectually and certainly avoided, the patient suffering less uneasiness, and the operation being altogether more easily and dexterously effected than when the member was pulled out, and the urethra was put unnaturally upon the stretch.

Hahnemannism.—At a late meeting of the London Medical Society, after Dr. Uwins had read a paper in favor of the homœopathic doctrines, the subject was discussed by the members.

Dr. Ure had seen the practice of Hahnemannism in Germany, at the very fountain-head of the "art," and it was not successful even there. The doctrine of "*similia similibus curentur*" was almost as old as the hills. Theophrastus was its advocate, but it fell into oblivion, and was only revived by Hahnemann, whose disciples blazoned abroad their "cures," but kept secret the deaths which occurred in their practice. Prince Frederick of Swartzenburgh died under the care of Hahnemann, though the "new light" gentlemen said that his highness was guided to his last home by the allopathists. An old lady also died under this treatment, in whom the globule of medicine was found in a carious tooth, which circumstance was considered to afford a reason for her death, the salvatory medicine not having reached the stomach. He thought that one point in the practice of Hahnemann had been overlooked—their rigid enforcement of diet. To many articles they strongly objected. Coffee was one which, in particular, they anathematised, asserting that Napoleon and Byron both fell victims to the use of that beverage.

Dr. Addison would not consent to argue on a subject which was so utterly beneath notice, but wished the world to know in what estimation that Society held the practice of Hahnemann—that its followers were either fit for lunatic asylums, or practised with the most sordid motives. He (Dr. A.) was a very loyal man, and had always been so; but he could not help saying that he considered that the profession of this country had been grossly insulted in the highest quarters, by the preference there shown to the employers of this foreign mystery. Did the court ever send for lawyers who dealt out the law in algebraic fractions, or bishops who preached by the square-root? He did not mean to say that the blame was to be ascribed to the royal persons themselves who set this example in medicine, but those who were about them deserved the severest censure for aiding and abetting Hahnemannism in the palace.

The Smallpox exists at Royalston, Vt.—One fatal case has occurred at Braintree, in this State.

College of Physicians and Surgeons of the Western District of the State of New York, in Fairfield, Herkimer county.—There were 164 students the past session (1836-7) in this school. At the commencement, on the 2d February, 1836, the degree of M.D. was conferred upon 30.

University of Pennsylvania.—Four hundred and one students have matriculated the present session in the medical department of this institution.

Transylvania University.—The number of medical students in this institution the present session is 242.

DIED.—In Killingly, Con. on the 25th ult. Dr. Hazard Peckham, aged 50 years—much esteemed as a physician and a man.—The celebrated chemist Berzelius has just died at Upsal, at the age of 86. He was the only surviving disciple of Linnæus.

Whole number of deaths in Boston for the week ending April 1, 30. Males, 20—females, 10.

Consumption, 4—pleurisy fever, 1—inflammatory sore throat, 1—marasmus, 2—abscess on the brain, 1—drowned, 1—old age, 2—suicide, 1—hooping cough, 1—lung fever, 1—infantile, 3—decline, 1—palsy, 1—diabetes, 1—teething 1—fits, 2—scrofula, 1—scarlet fever, 1—dropsy, 1—burn, 1—apoplexy, 1.

A BARGAIN.

A PHYSICIAN in the County of Kennebeck (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

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COPLAND'S DICTIONARY, PART III.

A DICTIONARY of Practical Medicine; comprising General Pathology—the Nature and Treatment of Diseases, Morbid Structures, and the disorders especially incidental to Climate, to the sex, and to the different periods of life—with numerous prescriptions for the medicines recommended, a classification of diseases, according to pathological principles, a copious Bibliography, with references, and an Appendix of approved Formule; the whole forming a library of Pathology and Practical Medicine, and a digest of Medical Literature. By JAMES COPLAND, M.D., Consulting Physician to Queen Charlotte's Lying in Hospital; Senior Physician to the Royal Infirmary for Diseases of Children; Member of the Royal College of Physicians, London; Member of the Medical and Chirurgical Societies of London and Berlin, &c. This day published by W. D. TICKNOR, corner of Washington and School-streets.

March 8

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HOLL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it is not the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

For subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOVE & KIDDER, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me., JOHN BAILEY, Jr. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn. Oct. 5—6m

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—including one dollar. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, \$100 per annum; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

Boston, October, 1835.

June 15—eoptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 131 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.75 after three months, and \$1.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, APRIL 12, 1837.

[NO. 10.

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.—NO. I.

BY THOMAS H. WEBB, M.D., PROVIDENCE.

“What are the causes and nature of RHEUMATISM, and the best mode of treatment to be employed therein?”

(Concluded from page 139.)

THE case which was given in the last number of the Journal was dwelt upon, on account of the obstinacy of its character, and the peculiarity of the effects produced by the opium; differing so materially from what we should have anticipated, knowing the generally received opinion respecting this drug. It has been compressed into as narrow limits as possible, though more detailed minutes of this and other cases have been kept; *sed ex uno, disce omnes*. For the last five or six years the plan has been pursued by us in two institutions with which we have been connected,* also in private practice; and likewise pretty extensively, by some of our medical friends; and thus far, with a degree of success that has not crowned our efforts when other means were exclusively confided in. Some of these cases were of long standing; one, in particular, of *twelve* years.

As regards the *modus operandi* of opium, we consider its action is to tranquillize and equalize the circulation and excitability of the system, and thereby facilitate the insensible perspiration that goes on during health, or the general diaphoresis which it generally induces and which brings the disease to a crisis. We know that a profuse perspiration sometimes comes on in rheumatism, and proves very troublesome, not assuaging pain, nor alleviating other uncomfortable symptoms; but we also know, that there is an effort, on the part of Nature, to overcome this morbid tendency, and substitute a critical sweat in its stead; and experience teaches us, that, whatever agents will prove auxiliary to this effort, are safe and salutary. For this purpose, we know of no one article which is preferable to opium, judiciously managed.

We are aware that Sydenham raised objections against this medicine; but he, of course, objected to it on account of the *manner* in which it was administered, and the effects in consequence, resulting therefrom. We also should join in such an opposition; believing that the principle, upon which the practice was based, was an erroneous one. The force

* The Dexter Asylum and Providence Dispensary.

of his objections, when duly examined, will be found to weigh against the *former mode of administering it*, and not against the *article itself*.

Heberden, whose authority needs no endorser to make it negotiable, observes, "Opium, notwithstanding Sydenham's objections, has at least proved a safe and effectual remedy"—"it has not only palliated symptoms, but has been judged to contribute to the cure of rheumatism."

Powerful prejudices exist in the minds of most individuals against it, grounded, as is supposed, upon the results of experience. Its stimulating and heating qualities, we are told, will augment, instead of lessen, suffering, and increase, instead of diminish, inflammatory action. This, we are free to acknowledge, is true, so long as we are governed by the old principle in administering it; viewing it simply as an *anodyne*; giving it in a *small dose*, and abridging even *that* if any uneasiness of head or stomach, any addition to febrile excitement, seems to be induced. But employed in the manner that Cazenave has designated, it in fact becomes an *entirely different medical agent*, and is characterized by *strongly marked* sanative virtues. When thus used, it does indeed establish the correctness of the appellation long ago bestowed upon it, and becomes in truth "*a gift of the Gods.*"

There are some cases to be met with, wherein the medicine will not produce its effects, unless by the aid of an adjuvant. As, for instance, where the stomach is in such a state of debility that there is not sufficient energy remaining to enable it to act upon the opium; here, of course, we must fail unless so fortunate as to detect the derangement and resort to suitable measures for removing it. We advise, in such cases, the combining of a certain portion of sulphate of quinine, with the opium, varying the quantity to suit the exigencies of the case, and the frequency of the dose. We shall thus be enabled to restore or improve the tone of the organ, and thereby accomplish the main object had in view.

Sometimes we may fail in consequence of an idiosyncrasy of the constitution. One of the few failures that have occurred here, is to be thus accounted for. The patient, a young female, had suffered severely from a rheumatic affection of the knee joints; it had resisted all ordinary modes of treatment, and was finally subjected to the opium plan, but with only partial relief. The patient perspired freely, nay, profusely all over the body, but the lower extremities remained hot and dry. After persevering in the course for several days, the mother observed, one morning, that there was one curious circumstance about her daughter which she had forgotten to mention. It was, that in all sickness where sweating had been necessary, it was found impossible to produce it upon the lower limbs.

Although we have had cases cured without pushing the pills to the sweating point, still if relief is not previously obtained, and as a general rule it will not be, they must be continued to that point; and where we cannot attain it, we shall not be disappointed if our efforts at a cure are foiled.

LOCAL APPLICATIONS.—We make but little use of these in the majority of cases. Looking upon the disease as an affection of the system

in general, we direct our treatment to the system. Those which we most frequently employ are blisters, camphorated oil and camphorated turpentine; using 3ij. of camphor to the ounce of the other ingredient. We also sometimes employ moderately warm evaporating lotions. Where the parts are hot, or easily increased by heat, we advise cold fomentations; where cold, or easily affected by cold, warm or even hot ones. This distinction with regard to the different sensations experienced, which we first saw mentioned upon the authority of Dr. Elliotson (who as a correct and judicious practitioner ranks deservedly high), is one well worthy of being borne in remembrance, as it often exerts a controlling influence, for evil or for good, over our therapeutic measures.

DIET AND REGIMEN.—Upon these we refrain from dwelling, inasmuch as our remarks are for professional and not popular use; and it is to be presumed that every physician knows, and impresses upon his patient, the importance of strictly attending to these two essential particulars; and indeed the utter impossibility of any mode of practice proving safe and successful, without extreme caution as regards undue exposure to variableness of temperature, and perfect temperance, and in many cases rigid abstemiousness, both as respects eating and drinking.

In conclusion, we would observe, that we are far from being willing to place *unlimited dependence* upon the powers of opium administered in the manner here described; much less willing are we to consider it in the light of a *specific*—a class of articles, in the existence and efficacy of which, with perhaps a very few exceptions, we have little faith. Although, judging from what we see day after day blazoned forth, in the public prints that are issued and circulated wherever civilized man has gained a firm footing, and we blush to say it, often, too often, under the sanction and even professed countenance of some of our own brethren, whose good sense cannot but give the lie to the statements, at the very time they are drawing them up, promulgating, or uttering them; we repeat it, although from the frequency of this most abominable of all species of quackery, one unacquainted with the innumerable difficulties that not unfrequently beset us, in the management of apparently the simplest case which can occur, would very innocently conclude that nothing was more easily to be procured than a certain and unerring remedy for every disease that flesh is heir to; and that the victim of death can be as easily rescued from his awful and impending fate, the ravages of wide-spreading pestilence as promptly checked, and the most excruciating agonies as surely alleviated, as craving hunger can be appeased, or parching thirst assuaged.

Neither opium nor any other medicine can prove an infallible remedy, from the very nature of disease. There are so many incidental circumstances, any one of which may materially alter the appearance or modify the character of cases, that it is impossible, without the most flagrant dereliction from the responsible charge entrusted to us, blindly to depend, at all hazards, exclusively, upon the virtues of any separate preparation.

But under the guidance of a correct judgment, aided by sound discretion, and a corresponding discrimination, we sincerely believe that Caze-

nave's plan will occasion as little disappointment as can reasonably be expected from any means emanating from a mortal source, and not endowed with the attribute of infallibility.

ON THE MEANS OF ELEVATING THE MEDICAL PROFESSION.

BY SILAS HOLMES, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IT must be evident, I think, to the most inaccurate observer, that the medical profession does not hold, in the estimation of the world, that relative rank to which it is entitled. Its importance is perhaps sufficiently appreciated; for however men may scoff at and scorn it in the pride of youth and health and strength, yet in the hour of need and danger all have felt and owned its power, either in alleviating the pain almost inseparable from disease, or in restoring to ease and safety, the body lately racked with suffering. And even when that terrific change has come, which comes to all, and which no skill nor science can finally avert, surviving friends have been compelled to own that the inefficiency of art is not so much displayed, as is the superior power of that Almighty Being in whose hands are the lives of all his creatures. Nor is it because the study or the practice of the medical art is not in itself dignified and noble. What branch of science can be more interesting, what more worthy of the profoundest study, what more intimately connected with the happiness of men, than that which treats of the structure and the functions of the human body? The only secular employment on which the Son of Man adventured during his residence on earth, was the healing of the sick; as though the extent of his power and the divinity of his mission could in no other way be so strongly attested.

Still it cannot be doubted that the medical profession, as a profession, does not hold that station in society to which it is entitled; it is, and long has been, in this country at least, known as the "*ultima ratio*," the last resort of those who would be ranked among professional men, but who have not the intellect, the education or the means, which are requisite for admission to the church or to the bar. Many of its members are deservedly celebrated for the science, skill and genius they are known to possess; many of them stand among the most learned of our land; but the general rule is hardly invalidated. In the cities of Boston and Philadelphia, physicians stand as they should; and in these two cities they need not fear the strictest comparison with any of their brethren of the other professions. Medical men are now in my mind's eye, who are as guiltless of any sort of learning as the babes who are sometimes ushered by them into existence; who read nothing, either of medicine or anything else; but who still persist in practising by rote, firing away at random in the hope of bringing down the disease, though unfortunately they sometimes bear wide of the mark, and not unfrequently bring down the patient. True it is that this class of practition-

ers is out of date, and passing fast away; but many of their successors are very little better, hardly calculated to keep up the character of medicine as a learned and dignified profession. Evidently, then, it behoves the professors of this art to take some speedy and effectual means to elevate the character, and add to the influence of those who from every quarter are crowding into their ranks.

But here let me not be misunderstood. The province of the physician is necessarily limited: the circle in which he moves must forever remain comparatively contracted. The professors of divinity and law are obliged, from the character of their respective studies, to be always before the public; and upon the appearance made by them before that public, their reputation and the means of their support in a great measure must depend. The business of the physician lies in a very different sphere; his proper scene of action is not the forum or the pulpit, but at the bedside and in the sick room; and though the display of his skill and science be not so splendid, though it may not gain for him the loud applause of listening thousands, yet is its influence infinitely more desirable in the circle where it may be felt, and it gains for its possessor the love and confidence of all who are within that circle. The medical man, however, has another character to sustain; and upon this character mainly depends the standing of the faculty. I mean his intellectual character, apart, if I may so express it, from his medical. And in this is the general defect of medical men altogether most apparent. For true it is that the grave sometimes hides their purely *professional* errors; but there is no such concealment for their *general* blunders; it is the want of intellectual culture which exposes them to ridicule, and the profession to contempt.

The first step, then, to be taken to elevate the character of the medical profession, must be, *to raise the standard of general education among those who are entering its ranks.* An university education ought in all instances to be preferred. Not that an equal amount of knowledge may not be procured without passing through any such institution; doubtless at some of our academies, the means of instruction are quite as good as at many of our colleges. Still this is not generally the fact; and as a general rule it is doubtless true that the man who has been liberally educated, as it is termed, is infinitely better fitted to pass through his professional career with honor to himself, safety to his patients and credit to his profession, than one who has received no such public course of instruction. I am far from believing that all who can tack to their names an A.B. or an A.M. are necessarily learned; unfortunately for the credit of our literary institutions, every day's experience teaches us that such is not the fact. The young man who loiters through four years in college, neglecting every duty which he can possibly avoid, and relying on his classmates for assistance in his literary troubles, as the manner of some is, will of course come out very nearly as he went in, so far as all useful knowledge is concerned, though it would hardly be possible, even for such an one, to avoid picking up a few fragments here and there, which at the very least might save his credit in after life. When the great majority of the medical fraternity is

as well educated as the great majority of priests and lawyers in our country, then, and not till then, will the profession stand as high.

I am well aware that Hunter, and Pott, and Jenner, and Harvey, and many other of the brightest names in medical literature, were, comparatively speaking, uneducated men. I well know that neither these, nor many others of almost equal eminence, were either Cantabs or Oxonians. But it cannot be doubted that had they been so, their works would have been very much more interesting, not to the physician merely, but to the whole literary world. Could Hunter have had the opportunities of Dr. Paris, could he have exchanged the harsh, involved and miserable style in which he wrote, for the simple and elegant periods of his less original but more polished successor, how much greater and more immediate would have been the influence exerted by his works. Let any person compare the circulation of Hunter on the Blood, with that of the Pharmacologia of Dr. Paris, and he will see how far the sale and influence of each has been affected by its peculiar style. Who can say how far the works of Good, and Armstrong, and Richerand, and Cullen, owe their circulation to their style. True it is that some of the individuals last named had never received the benefit of a public education; but it is also true that by their own exertions they had raised themselves very much above the common level. And this leads me to remark, that if the competent amount of general knowledge is possessed by the individual, *no matter where he obtained it*. As has been already remarked, there is no magic in the walls of a college to imbue with learning, *no-lens volens*, all within them; though for many reasons, which I need not mention here, the college education is always to be preferred.

What are the branches, then, with which the medical student should in all cases be acquainted? He should be well versed in ancient languages. With Greek and Latin he should be perfectly familiar; and that, not simply because they form an indispensable part of general education, but because they are especially essential to the medical man. Many of the ablest, and all of the oldest works upon our science, are written in one or the other of them. Most of the technical terms employed in it are derived from the Latin language; so much so, that without a competent knowledge of it, it is impossible fully to comprehend many of those works which are essential to a purely *medical* education. Without considerable knowledge of these languages, then, the medical man will fall below the standard of professional dignity; and so of other branches of science. Besides, it ought to be remembered, that the community can form no correct judgment as to the comparative merits of physicians. They therefore, necessarily, where they reason at all, reason analogically: when they find a medical man well informed on other subjects, and capable of reasoning correctly on these subjects, they are apt to conclude that he is also well informed on medicine, and is capable of forming a correct judgment as to the nature and treatment of disease; and in the great majority of instances this conclusion will be a correct one.

I remark, therefore, in concluding this part of my observations, that every medical student should be obliged to possess, as far as may be, a

knowledge of all the branches of a liberal education, equal in amount to that usually acquired in college. In addition to all this, it cannot be denied that the pursuit of general literature, in early life, gives to the mind and manners a polish which can be acquired in hardly any other way. Many an individual has come within my knowledge who could not have been more completely puzzled were he directed to find the longitude, than if he were called upon to construe and parse the Latin of that medical degree on which he mightily prided himself. Let all our medical schools, then, follow the example of the medical department of Harvard University, and require either an academical degree, or evidence of the possession of a competent amount of general education. When this takes place, and not till then, will the medical character cease to be the constant theme for the contempt, ridicule and satire of the rest of the world. As has been before remarked, thousands are flocking into medicine, because they cannot be admitted into divinity or law; the profession is overstocked, not with intelligent and well educated men, though I rejoice in the belief that there are many of these, but with illiterate and ungentlemanly men, who disgrace and degrade the profession they pursue. Shut up the avenues; make the entrance into the profession more difficult, by restricting its privileges and its honors to those who have shown themselves worthy to receive them; and though the number of physicians might be diminished, still quite as many would remain as the wants of the community require. The interests of medical science would be advanced, the weight of medical character would be increased, the influence of quackery would be diminished, the profession would be gainers, the community would be gainers.

(To be continued.)

CASE OF THE EVACUATION OF A PORTION OF SMALL INTESTINE.

BY CHARLES HOOKER, M.D., OF NEW HAVEN, CONNECTICUT.

[Communicated for the Boston Medical and Surgical Journal.]

A BOY, 14 years of age, was sick with typhus fever about three weeks. His symptoms were such as attended most other cases of this disease that season—the summer of 1831. In most of the cases there was *tympanitis intestinalis* accompanied with copious hemorrhage from the bowels. These symptoms were most successfully treated with the nitras argenti, administered in pills in doses of one eighth of a grain every hour, or every two or three hours. The invariable effects of this medicine were copious eructations and dejections of flatus, with a subsidence of the abdominal tumefaction, and a cessation of the hemorrhage. These symptoms, in this case, occurred the latter part of the second week. The silver pill was given every two hours with the usual effects. On the fourteenth day of the fever a portion of intestine was evacuated, with a quantity of bloody fecal matter. It was the whole of a portion of small intestine, ten inches in length, even with parts of the mesentery and some mesenteric glands attached.

Probably an intussusception had taken place, and after the occurrence of adhesion the introverted portion of intestine sloughed off. It is remarkable that there was apparently in this case no obstruction in the bowels, there being at least one alvine evacuation every day of the disease, and but little vomiting. The patient convalesced, and soon regained perfect health.

M. MAGENDIE ON THE NERVES OF THE FACE.

[FROM M. Magendie's course of lectures on the Physiology of the Nervous System, delivered in 1836 in the College of France, the following extract, on an interesting branch of the subject, is selected.]

The first problem which we propose examining by the experimental method, is the following:—"Investigate the phenomenon of sensibility in the nervous system." For this purpose we shall select the nerves of the face; and first let us say a few words touching the anatomical disposition of the nervous system in this part.

It is unnecessary for me to mention, at any length, that the human face is endowed with a very high degree of sensibility; it is moreover the seat of several of the special senses; but let us examine, under the influence of what nervous branches this exquisite sensibility is acquired.

The integuments of the face are chiefly supplied by two cerebral nerves; one is the facial nerve, properly so called (the portio dura of the 7th pair); the other is the fifth nerve, or, more correctly speaking, certain branches of the fifth.

The facial nerve, or portio dura of the 7th pair, arises near the bottom of the fourth ventricle, appears externally between the restiform and olivary bodies, and, having traversed the temporal bone, emerges through the stylo-mastoid foramen, to distribute itself to the integuments of the face and head, and several of their muscles.

The fifth, or trigeminal nerve, is more complicated. It arises by numerous filaments from the neighborhood of the fourth ventricle, the olivary and restiform bodies; it then advances forwards, and having formed a very remarkable ganglion (the *casserian*) near the cavernous sinus (where the nervous substance, as I before told you, is bathed in the cerebro-spinal fluid), from thence three large branches are given off to the orbit and its various parts, the integuments of the forehead, the jaws, and integuments covering the interior portion, and, finally, the teeth, and part of the tongue.

I can only mention, in the most general way, the anatomy of parts which may become the subject of our study. However, as this part of the question is most peculiarly interesting, I shall show you at our next meeting a preparation in which the nerves of the fifth pair, and the facial nerve, have been carefully prepared; you will see that one is much more voluminous than the other; that the fifth nerve is much more complex in its structure, arrangement, and distribution, than the seventh nerve; it arises more deeply in the nervous centres, and, above all, is distinguished from it by the existence of the ganglions so often alluded to.

The branches of the fifth nerve are extremely numerous; hence, from the very brief enumeration we have already given, you may judge of the very great variety of parts which it supplies; indeed, this nerve alone has formed the subject of several distinct treatises, in folio, quarto, &c. Sæmmering and Meckel were the first who followed with great care all the small filaments of the trifacial nerve, yet neither anatomist drew any useful conclusions from his researches. An experiment made by Sir Charles Bell demonstrated that the motion of closing the eyelids is destroyed by the section of the facial nerve. I have frequently repeated this experiment, and found it perfectly exact. As soon as you divide the trunk of the facial nerve in an animal, the latter loses the power of closing its eyelids, the eye-ball remains constantly exposed to the action of the air, the animal no longer winks, either spontaneously or when a foreign body is brought into contact with the conjunctiva. Thus you see experimental physiology demonstrating a fact which could never have been discovered by the mere anatomist, and establishing a line of demarcation between nerves with respect to their sensibility. We shall examine this fact on the living animal before you, and show you the difference existing between the sensibility of the facial nerve, and that of the fifth, in the most striking manner.

[Here the Professor took a young rabbit, and made an incision into the skin, over the course of the facial nerve, observing that it was very easy to be found in these animals, as the divided parts furnished so little blood.]

Here (said the Professor) is the trunk of the seventh pair; you see how easy it was to lay it bare. Before I proceed to cut it, let me draw your attention to the fact, that the integuments of the animal's face are highly sensible, and particularly in the parts to which the branches of the seventh pair are distributed. Now, by pinching or cutting the nerve we can determine directly whether it is really endowed with sensibility or not. You see how I pinch and irritate the nerve without developing any very great signs of suffering; in fact its sensibility seems almost null. Here, then, we have a nerve taking its origin in the brain, and distributed to the face; yet is evidently not the agent of sensibility. Pay attention to this fact, Gentlemen, it is one of the first I have had the honor of showing you, and may well contrast with the conjectures of our more brilliant, but unsolid physiologists.

We have said that the face was principally supplied by two nerves; we have shown that one of these nerves is little, if at all, sensible; hence a natural conclusion, that the other, or nerve of the fifth pair, is the one destined to supply the parts with sensibility. This reasoning, however just and logical it may appear, is not sufficient; we have more conclusive evidence, and must produce it; experiment must determine the question for this nerve, as it did for the facial one. Sir C. Bell performed this experiment, and divided the branches of the fifth nerve, as they pass out from the supra-orbital and sub-orbital foramina, and from the sub-mentar hole. We thought it right to modify this experiment, and instead of operating the section of the nervous branches not far from their termination in the integuments of the face, we endeavored to

make an experiment more perfect, and less subject to the influence of any disturbing causes, by dividing the trunk of the nerve within the cavity of the skull, just as it leaves the pons varolii. By operating in this manner we shall obtain general results more exact and free from error than Sir C. Bell could have obtained by the division of a single branch.

It is not a matter of very great difficulty to divide the trunk of the fifth pair of nerves in a living animal. If you are well acquainted with its trajectory in the particular species of animal on which you propose operating, you can introduce a triangular-shaped, cutting instrument into the middle temporal fossa, just over the trunk, which you cut across by simply depressing the instrument near the place where the nerve separates itself from the brain. I should, however, direct your attention to the fact, that the fifth nerve runs close upon some of the venous sinuses, and if you introduce the instrument in such a way as to wound one of these venous reservoirs, or, perhaps, the trunk of the internal carotid artery, your experiment must naturally fail. Hence you see, that though our method of practising the experiment has the advantage of being followed by more certain and general results, it is much more difficult than that of Sir C. Bell. You know whether you have divided the nerve or not, by the movement, in totality, of the animal's body the moment you cut the nerve.

[Here M. Magendie introduced a sharp-pointed, cutting instrument into the cranium of a rabbit, and probably divided the nerve at the first attempt, for the animal gave signs of acute suffering, by a general muscular effort, when the handle of the instrument was elevated.]

If (resumed the Professor) the animal retain any sensibility on the side of the face corresponding with the nerve now divided, you may conclude, to a certainty, that the section has been incomplete. However, let us see. [The trial was here made.] The experiment, Gentlemen, has been perfectly successful. I touch and pinch, as you may observe, various parts of the animal's face, the nose, the lips, the surface of the eye-ball, &c., and the animal does not evince the slightest trace of sensibility. Hence the physiological conclusion to be drawn from the section of the fifth nerve, which I have performed before you, is, that this nerve presides over the function of sensibility in the face. When this has been demonstrated in so direct a manner, we have no necessity to recur to induction. However, I may mention that experiments made with galvanism on the nervous system tend also to show, that the insensibility of the parts of the face in man depends on a lesion of the fifth pair of nerves; hence, during hospital, or private, practice, whenever you observe any particular portion of the face, the conjunctiva, for example, to be insensible, you will know to what particular nervous branch your remedies should be directed. Should the seventh nerve be the one injured, the face still preserves its sensibility.

I shall conclude by again impressing on your minds that the facial nerve is not the regulator of sensibility in the face, but that that function is supplied, *par excellence*, by the fifth.

OF PERSONS POISONED BY EATING PHEASANTS, OR PARTRIDGES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Noticing the queries of Dr. Hayward, upon the subject of persons having been poisoned by eating the *Tetrao Umbellus*, brought to my mind a relation which was given me in Philadelphia, by two physicians, upon the subject. One of these physicians was the person poisoned, and the patient of the other, the latter of whom was the present distinguished Professor of Theory and Practice in the University of Pennsylvania, DR. CHAPMAN.

The symptoms were represented as most alarming and death-denoting. The stomach was rendered so torpid by the effect of the poison, that the most powerful emetics failed to excite it, and death seemed at hand. In this situation resort was had to an injection, containing a *whole drachm* of tartar emetic. It produced a most violent cholera morbus, and the patient was saved.

The poisonous quality of the flesh of the pheasant, or partridge, is supposed to be induced by its feeding in winter upon the buds, fruit, or leaves, or all of them, of the *Kalmia latifolia*. Both this bird and the deer eat of these articles with impunity to themselves, whilst death has sometimes occurred from the human species having partaken of the bird. It is possible that not only this species of laurel is eaten by these birds, but that the *Kalmia angustifolia*, or *lambkill*, which is known to be very fatal to sheep, is occasionally partaken of by them.

It is worthy of very particular remark, that in the case alluded to, both the wife and daughter of the gentleman in Philadelphia ate dinner with him, and partook of the same bird, with entire immunity from any ill effects whatever. This was accounted for by the doctor's observing that he selected the *black meat* of the pheasant, whilst his wife and daughter partook of the breast and wings only.

The reason that the *black meat* is most poisonous, will at once be obvious, when we call to mind that it is the part which lies in contact with, or most contiguous to, the intestines, and thus receives a direct impregnation of their deleterious contents; whilst, from the shortness of the time that the bird feeds upon the poisonous vegetable, the parts more distant, and less furnished with blood, as is the *white meat*, do not become contaminated. It is only in winter, or the wintry part of spring, that we have ever heard of instances of persons having been poisoned in this way. The *kalmia* is not the favorite food of the bird, and it probably only resorts to it when the scarcity of other food compels, and only for a short time.

As to birds being sent to market, or eaten, which have been *found* dead, we never heard of an authenticated instance.

Although we have learned that a tincture, or infusion, of the leaves of this shrub, has been used in small doses in diarrhœa, with advantage, still it is well known to be poisonous to man and to horses. It is said that the Indians made use of a decoction of it to destroy themselves. A decoction of the leaves, we formerly used as a lotion for *psora*, which is the only way that we have ever used it at all. We have not

learned, or do not now recollect, that the particular nature of the poison has been demonstrated by any accurate analysis, although it is pretty well ascertained that the leaves contain resin. We have supposed that its active principle depended upon the same substance as the other species of laurel, this being the *American laurel*. Yours truly,

Lebanon, April 3d, 1837.

JOSEPH COMSTOCK.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 12, 1837.

GROWTH AND IRREGULARITIES OF CHILDREN'S TEETH.*

A WORK has just been received here, from Paris, which deserves an immediate republication in this country. It is expressly devoted to the consideration of a subject which physicians and surgeons, if not dentists, seem to have very much neglected, viz. the growth and irregularities of the teeth of children. Foreigners consider it a peculiarity in the United States, that the people, with a few exceptions, have defective teeth—and in the Northern States, their early decay is a matter of notoriety. Now it has never been discovered that there is anything in the condition of the climate to produce this result—nor has it been ascertained, satisfactorily, that the common mode of preparing food exerts a destructive influence on the dental apparatus. That individuals, however, may hasten the early decay of the teeth by habitually taking hot food, hot drinks, and the like, cannot be denied.

The foundation of all the misfortunes attending the development and subsequent history of the second set of teeth, seems very much to depend upon the condition and treatment which was bestowed upon the first. Since reading this valuable treatise, we have more than ever been convinced of the importance of preserving the milk teeth as long as possible. Habitual cleanliness, frequent use of the brush, and the introduction of gold foil into carious openings through the enamel, should in no case be neglected. Usually, the first teeth are regarded as being of so little consequence, that instead of making any provision for saving them, the least pain arising from caries is a signal for their extraction. The violence done to the jaw by this forcible operation, not only has a tendency to distort it, and change the character of the facial expression, but it also deranges the order, and paves the way for irregularities and disease in the new series. When left where they were designed to remain till the roots are taken away by the absorbents, the new teeth are undisturbed—and their gradual evolution is in conformity to a law of the animal economy, which carries with every individual organ of the body the principle of self-preservation.

The volume before us is naturally divided into several sections—the first treating of the milk teeth and the treatment of infants during denti-

* Observations on the Growth and Irregularities of Children's Teeth; followed by remarks and advice on the teeth in general; to which is added a short essay on the advantages of Artificial Teeth. By W. H. Mortimer, Surgeon-Dentist to the British Embassy, etc. Paris, 1836.

tion. Then follows a sensible dissertation on the second dentive, accompanied with judicious observations on the growth of the permanent teeth. Diagrams follow the text, illustrative of the anatomy of the mouth at different ages. Irregularities, diseases of the gums, and the application of tooth powders, follow; and lastly, the volume closes by a well written chapter on the utility, necessity and mode of inserting artificial teeth—which is of such a plain, common sense character, as to carry its own recommendation to the conviction of the reader. Some of the author's remarks on toothache we shall here quote.

“In all cases of external toothache every effort should be made to spare the tooth: if the nerve is too exposed to allow the stopping with gold, the fusible metal should be tried, and, when the tooth is less sensible, have it taken out, and, if possible, stopped with gold. Should it be too far gone to allow it, then have it stopped every two years with fusible metal: a tooth will sometimes last for years in this manner. No stopping is completely effectual but gold; but this is a very good substitute when that cannot be used. All other stoppings, whether metallic or otherwise, are of no use whatever.

Internal toothache cannot be remedied but by the extraction of the tooth. In these cases the pain is a gnawing, dumb sensation, and comes on always at night, when the patient goes to bed. The tooth will be found almost always loose. When extracted, a bulb will be generally found attached to the fang of the tooth; from which it may be inferred that the patient will still suffer after the operation, as though the tooth was yet in the jaw, and will very often continue with unabated intensity, till the periodical attack of the next night approaches. It is easy to distinguish whether the patient will suffer by the pain not subsiding within a few minutes after the operation. When the pain continues, foot or hip-baths should be taken, and if not efficient in removing it, a narcotic should be given; for the pain is insupportable.

One word on the operation of drawing teeth. We know it would be losing time to try to persuade our readers that they ought to look upon this operation, if not with indifference, at least with some little degree of reason. The actual pain of drawing a tooth is not so very great; it is the nervous irritation that is excited before the operation, and the mental agitation that for days has been working upon the whole system, that renders the thoughts of the operation so alarming; and which magnifies a pain, which, if felt unawares, would hardly cause an exclamation, into the most excruciating sufferings; and when patients sit down to be operated upon, the fever and excitement are such that they sometimes hardly feel the operation. But there is no means of infusing a sufficient degree of courage into the minds of patients to decide them at once to undergo the operation, rather than suffer physically and morally so long. It is certain that, if the operation were independent of our will, and that it was nature and not art that removed the tooth, we should submit to it with little or no complaining; for people will submit to the toothache for hours and days; and yet the pain of extracting a tooth is not to be compared to one single attack of toothache; for we repeat, if on the first approach of toothache, the patient went to a Dentist, he would, in seven external cases out of ten, be able to save the tooth; but if it be delayed until the inflammation extends to the other teeth, it is then impossible to afford relief without extraction, and every hour's delay only adds fuel to the fire. Another species of toothache, that resembles very much a tic, is

that which attacks females during pregnancy, and which often occurs without any of the teeth being decayed. Relief can seldom be obtained without the extraction of a tooth. We have attempted every antalgic treatment we could imagine, without success. We are obliged to recommend the patient not to continue suffering under the hopes of relief; above all, when any of the teeth are decayed.

The best mode of extracting teeth is, the manner each Dentist is most frequently in the habit of operating. The only advice we can give on this subject is to request the operator to warm the instrument, so that it shall not feel cold when applied to the teeth. This trifling precaution does away with a most unpleasant, and very often painful sensation, and makes the operation less disagreeable. The credit we have obtained for skilful operations we consider in a great measure owing to this trifling precaution.

We seldom or never lance the gums previous to operating, provided the crown or body of the teeth is sufficiently strong; it gives pain, retards the operation, and is of little or no benefit."

We shall endeavor, as we find room, to give further extracts from this work hereafter.

Stillingia Sylvatica in *Scrofula* and *Tinea*.—Dr. Wm. M. Lee, of Indiantown, S. C., recommends this article in the above complaints, in the last number of the Southern Medical Journal. In one successful case of scrofulous ulcers of the face, he prescribed 4 grs. pilul. hydr. every alternate night, and during the day three wineglassfuls of the decoction of *stillingia*, prepared by simmering a double handful of the recent root in four pints of water down to two. In the course of two months the ulcers healed and the health improved. In *tinea* it had proved equally successful, and was thought by Dr. L. to be far superior to *sarsaparilla*.

Sinapisms to the Breasts in Amenorrhœa.—This remedy, which has been highly extolled of late as a remedy in cases of suppressed catamenia, is not always successful. At a late meeting of the Augusta (Geo.) Medical Society, Dr. Dugas mentioned a case in which they were highly serviceable. They were prepared of equal parts of mustard and flour, made into a paste with water, and applied alternately to different places on each mamma, for three days. Dr. Antony said he had tried the same course in six or eight cases, and had met with but partial success in one case only. Several members had used, with some benefit, sinapisms to the upper and inner part of the thighs. Dr. J. A. Eve thought the use of sinapisms to the breasts was productive of mischief in some cases, such, for instance, as those in which there was no want of excitement in the uterus.

New Medical Room.—The room recently fitted up in Tremont street by the Boston Society for Medical Improvement, exhibits both good taste and convenience. It is worth the while to call in and examine the apartment. Understanding that the Association are making collections, we believe there is no place in the city where physicians could deposite anatomical preparations to be more serviceable or safe.

Geology of the State of New York.—Dr. Lewis C. Beck, to whom we beg to return our thanks, has furnished us with a series of the first reports made to the Governor by the scientific corps engaged in the very important service of making a geological survey of the empire State. From Dr. Beck's and Prof. Emmons's papers, we hope to be able to transcribe, hereafter, paragraphs at least, which will be appropriate for the pages of an exclusively medical publication.

Geology of the Public Lands in Maine.—Dr. Jackson's first report to the executive of Massachusetts, in an octavo pamphlet of forty-seven pages, has been distributed within a few days to the members of the Legislature, and appears to have fully met the expectations of that body. Geology seems to be the particular department in which this gentleman is eminently qualified to rise to an enviable distinction; it is therefore hoped that he will wholly abandon the practice of medicine, the daily details of which are utterly at variance with a pursuit in which he can always shine without borrowing light.

Lithotripsy.—At a meeting of the Royal Academy of Medicine, in Paris, M. Segalas introduced a child three years of age, on whom, when yet two years and nine months old, he performed the operation of lithotripsy. The entire time of cure was six weeks; in which period the instrument had been introduced and used six times.

This is probably the youngest subject yet operated upon in this manner, and will form an exception to the prevailing rule, that neither lithotrixy nor lithotripsy can be performed at so tender an age.

Apropos, Dr. Gibson informs us, that all the cases mentioned in his communication to the American Journal of the Medical Sciences for August, 1836, as having been operated on by him, are entirely cured.

Mr. Liston, in his *Elements of Surgery*, a copy of which we have just received, and shall put to press, for insertion in the Library, expresses himself as not very sanguine in supposing that the breaking up of the stone in the bladder will ever supersede lithotomy. At the same time he admits that this operation is very advisable in certain cases, and may be resorted to with every prospect of a safe, speedy and successful conclusion.—*Eclectic Journal of Med.*

Properties of Caoutchouc as an external irritant.—Dr. Chase, in a paper recently read before the Philadelphia Medical Society, extols the efficacy of sheet caoutchouc as an application for the relief of chronic local pains, gout, rheumatism, &c. He employs the sheet caoutchouc, which is applied to the painful part and secured with a common roller bandage, or adhesive strips. In a few days considerable redness of the skin is produced, followed by a vesicular eruption, the vesicles of which vary from the size of a pin's head to that of a small pea. Further experiments should be made with this article.—*American Med. Jour.*

Anomalous Menstruation.—M. Bourgeois has met with a curious example of this. A young lady of 15 or 16 years of age, commenced some time since to menstruate from the extremities of each of her ten fingers. At the second menstrual epoch, the hæmorrhage was renewed from the same place, and at the period when M. B. communicated the fact to the Med. Society of Paris, the menses had not appeared in the natural manner.

Whole number of deaths in Boston, for the week ending April 8, 39. Males, 19—Females, 20.

Consumption, 7—debility, 1—dropsy, 2—fever and ague, 1—child bed, 2—scarlet fever, 2—lung fever, 4—typhus fever, 3—infantile, 6—liver complaint, 1—fits, 1—dropsy on the brain, 2—teething, 2—delirium tremens, 1—erysipelas, 1—old age, 1—stillborn, 1.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

Franklin Street, Nov. 9, 1836.

N16—1f

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

Boston, Oct. 7, 1836.

1f—Oct. 19

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

April 12—3t

A BARGAIN.

A PHYSICIAN in the County of Kennebeck (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.

Feb. 1.

1f

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

Nov. 30.

MARSHALL S. PERRY, M.D.

AUGUSTUS A. GOULD, M.D.

HENRY I. BOWDITCH, M.D.

HENRY G. WILEY, M.D.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

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Oct. 5—Cm

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, APRIL 19, 1837.

[NO. 11.]

PUBLIC HEALTH.—BOSTON BOARD OF HEALTH.

IN consequence of the extreme difficulty of removing smallpox patients to the excellent hospital located at the Quarantine Ground, the past winter, on account of the harbor being closed with ice, it was thought expedient to establish one at some remote part of the city for the reception of this particular class of unfortunates. The Statute Law of the State requires that a building used for that purpose should not be nearer than one hundred rods to any habitation belonging to another town—and hence the committee to whom was referred the matter of selecting a site, found themselves considerably perplexed, as it was desirable on every account to seek a spot on the outer borders of the city, where there were the fewest dwellings. Under these circumstances, through their chairman, Alderman Wetmore, the following report was made to the City Council. Accompanying it, are several medical reports from the Consulting Physicians, which are on file for publication.

Report.—In compliance with an order of the City Council, the Committee have conferred with the Consulting Physicians, and have ascertained their opinion in relation to the subject of it. On communicating with them, they were found to be well acquainted with the present hospital at Rainsford Island, and with all the advantages and evils attending the transportation of the sick to it; and after due consideration of the subject they gave an opinion in writing, which the Committee hereto annex and ask leave to make a part of their report.

It will appear on examining this document, that the Consulting Physicians agree entirely with the Committee, in the sentiments, expressed in their former report, as to the difficulties attending the present hospital at certain seasons, and the necessity of providing another, and, in the opinion of the Committee, the reasons assigned by the Physicians are entirely satisfactory.

Their views and reasoning, however, seemed to be predicated on the supposition that the present system of laws for the removal and supervision of smallpox patients, was considered by the City Council to be judicious and proper, and necessary for the health and safety of the inhabitants, and therefore that it ought to be continued. And the Committee thought it to be within the scope of the powers and duties assigned them, to ask the attention of the Physicians to the whole subject of the present system, and to request their opinion of its policy and propriety. An answer received to a communication of the Committee,

on the subject, is also here annexed, and the Committee ask leave to make it part of their report.

The result of the deliberation of the Consulting Physicians, expressed unanimously, is, that the present system for the removal and seclusion of persons sick with the smallpox is not required for the health and safety of the community—that its operation is frequently cruel—that by it unnecessary alarm and confusion are frequently occasioned—and that it is attended with great and useless expense. They therefore recommend that the practice of removing from the City, persons affected with smallpox, should be discontinued after the first day of March next.

The Committee fully concur in the opinions expressed in the communication of the Physicians, and they think that any advice, on this subject, coming from those who from their profession are so well acquainted with it, ought at once to meet with deference and acquiescence.

In addition, however, to the reasons assigned by them, the Committee would remind the City Council that the Statute of the Commonwealth under which the present system was originally established, and has been continued to the present time, was passed in 1792, many years before vaccination was known or adopted in this country as a preventive of the smallpox. The law, therefore, possibly may have been necessary and proper at that time to prevent the spreading of a most loathsome contagious disease, in a community where almost every individual was liable to be infected, notwithstanding the apparent harshness and severity of some of its provisions. But now, when a sure preventive of this disease has been discovered, and has been adopted by a vast majority of the inhabitants, when all reasonable fear of its ever prevailing as an epidemic is done away, and when its yearly ravages have for a long time, indeed ever since the introduction of vaccination, been by far less than those of other contagious diseases which are every day occurring, and against which the law takes no precaution—a system which was fit for another state of society under different circumstances, has become not only harsh and cruel, but impolitic, unreasonable, and unwise.

The Physicians, among other reasons for the discontinuance of the present practice, state that the terrors of a general spreading of the smallpox would be thereby allayed, and the disease would be regarded with no more alarm than measles and other contagious diseases. And the Committee have been induced to examine the bills of mortality for several years past, in order to ascertain what has been the number of deaths occasioned by these two disorders.

They find that since the beginning of the year 1813 (beyond which time no regular record has been published), to the beginning of the present year, a period of twenty-four years, there have been recorded but thirty-five deaths by smallpox, while the deaths by measles during the same period have been no less than five hundred and seventy-three. The deaths by smallpox have in no year exceeded five, while the deaths by measles in one year amounted to one hundred and eighty-eight. And yet it has never been thought necessary to remove those suffering under the latter disease, from their homes to hospitals, or to se-

clude them from the attendance of those on whose care they have been accustomed to rely.

The Committee therefore agree with the Consulting Physicians as to the inutility and impolicy of the present practice of removal and seclusion of smallpox patients. They regret, however, that it is not in the power of the City Council to discontinue it. It exists under a law of the Commonwealth, which seems to leave but little discretion to the Council on the subject. The act of 1792, as re-enacted by the late revision of the Statutes, is imperative on the City Government to provide hospitals, and to remove to them persons sick with smallpox, when it can be done without endangering their lives. Whether, in the present state of public opinion on the subject, an application to the Legislature, for an alteration of the law, would be favorably received, is so extremely doubtful that the Committee do not deem it expedient now to propose it. They cannot but hope, however, that the alarm and dread of this disease, which have descended to us from other and distant times, will, at no very remote period, be no longer felt, and that it will be managed as diseases of similar character are. As the most certain mode of producing this result, the Committee think that the attention of the City Council and of the citizens should be imperatively drawn to the subject of vaccination. It was in 1802, that the Municipal Authorities first adopted any measures on the subject. The Board of Health then caused twenty-two persons to be vaccinated, and afterwards sent to a hospital and inoculated for the smallpox, "in order," as they say, "to remove all reasonable doubts of the utility or inutility of the kinepock or vaccine inoculation as a preventive against the smallpox;" and the experiment appears to have been quite successful in proving the value of vaccination. Afterwards, in 1816, the Assessors having certified that there were five thousand four hundred and fifty-three persons who had never been vaccinated nor had had the smallpox, a general vaccination took place under the direction of Committees of the several Wards. Since then the subject has been left very much to the discretion of the inhabitants; it is believed, however, that there are but few who have not been vaccinated. The present regulations of the public schools, by which no child can be admitted without being previously vaccinated, has undoubtedly had an extensively beneficial effect, and the instructors of all private schools should be earnestly advised to adopt the same. No person should hold any office under the City Government, unless he and his family have undergone the same operation. The inmates of the Houses of Correction, Reformation and Industry should be vaccinated on their admission. And vaccination ought to be performed on all citizens who may apply for it, at the expense of the city.

By the adoption of these and any other measures for the extension of vaccination which may occur to the wisdom of the City Council, the Committee believe that the smallpox will in this city, in a very short time, be confined to a few isolated cases among those persons who wilfully neglect the means held out to them for protection against it.

In the mean time, while acting under our present system, as the City Council are not obliged to remove the sick when such removal cannot b

made without endangering life, we trust that the Consulting Physicians will at no time advise it, if thereby from nervous excitement, or any other cause, the disease will probably be exasperated and increased.

Entertaining the foregoing views, therefore, the Committee do not now deem it expedient to provide another hospital for smallpox and other contagious diseases; and they would suggest an additional reason in the extreme difficulty, if not impossibility, of finding a suitable place for one. Such an establishment must necessarily be within the limits of the city, and not within one hundred rods of any dwelling in a neighboring town, without the consent of the inhabitants of such town. The Committee, after an attentive examination, have not been able to discover any place to which strong, if not insurmountable, objections have not been raised. And they ask to be discharged from any further consideration on the subject.

The Consulting Physicians of the City of Boston have been called on by a Committee of the City Council to say, whether, in their opinion, it is necessary to provide a place for the residence of those who are affected with the smallpox and other contagious diseases in the winter season. Having carefully considered the subject, they ask leave to offer their opinion, as follows:—

“That it is highly necessary to provide a place, in, or near to the city, to which those affected with smallpox and other contagious diseases, in the winter, may be conveniently and safely removed.”

The reasons which have led them to form this opinion are the following:—

I. They believe that cases of contagious disease may occur, in which it would be dangerous to life to remove the patient in a boat or vessel, as now practised.

II. That obstructions in the harbor may prevent the removal of infected patients so early, after the appearance of the disease, as to avoid their communicating it to others.

III. That an insular situation may sometimes prevent the administration of those aids, which severe diseases might require.

IV. That an apprehension of being removed in the manner done at present, may operate as a temptation to physicians and patients to conceal the existence of a contagious disorder.

On the other part, there appears to be no serious objections to establishing a place for persons affected with contagious disorders in or near the city.

All such diseases emanate their contagious influence to a very limited extent; generally not beyond the air immediately surrounding the infected person.

As one proof of this, may be advanced the fact of a smallpox hospital having existed a considerable number of years, within two miles of Boston, without having communicated, or having been suspected to communicate, the contagion to the city.

As to the place proper for such an establishment, this Board is of opinion, that any place in or near the city, which can be as much insu-

lated as the State Prison at Charlestown, or the Massachusetts General Hospital in Boston, would be perfectly safe, if precautions were taken to disinfect those who had occasion to communicate with the establishment.

By order of the Board of Consulting Physicians,

JOHN C. WARREN.

Boston, February 1, 1837.

OPIMUM IN RHEUMATISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. Webb's dissertation, in your Journal of the 5th inst., recommends the use of opium in Rheumatism; and the author quotes a passage from the Med.-Chirur. Review, in which is described Dr. Cazenave's use of this article in rheumatism and his mode of using it. I send you the following in corroboration of Dr. W.'s statements.

In February last I was in Providence, and Dr. Mauran, of that city, stated to me his use of opium in rheumatism, saying that he began its use about eight years since, in consequence of the recommendation above referred to in the Med.-Chirur. Review. He then promised to send me a statement of his experience, in writing. This he did, under date of March 28th, 1837. I send you the communication from him, and leave it to you to publish it, if you think proper. I will only add, to those who do not know Dr. Mauran, that he is a gentleman of science and in extensive practice, and that his statements are worthy of full confidence. I mean that he fully believes all he states. We all know that the same remedy succeeds in the hands of one man better than in those of another. Generally this is to be attributed to more full and free use of an article by one who has faith in it, than by one who is apprehensive of evil from it.

Yours respectfully,

Boston, April 8th, 1837.

A. B.

Extract from Dr. Mauran's Letter.

You may recollect, when I last had the pleasure of meeting you, that some remarks were made upon the treatment of Rheumatism with Opium. I am induced, from the success attendant for a series of years upon this novel mode of treatment, to give you a very brief and familiar statement of my observations.

In Johnson's Medico-Chirur. Review, in 1828, you will find the short article on rheumatism to which I then very briefly alluded, and which formed the basis of a series of practice in relation to that heretofore, with me, and I presume most others, very formidable disease. I generally hesitate largely in adopting *new* things from the Journals, without "I know my man," and probably this hint of Cazenave might have passed by me, "unhonored and unsung," but for a *fortuitous* circumstance. I say fortuitous, not that my then patient was sorely afflicted (protractedly) under our most popular mode of treatment, with rheumatism, and was now cured; but that the *successful* adaptation of Cazenave's plan to *his* case, has been exceedingly advantageous to all others who

have subsequently fallen under my professional care, similarly afflicted. The circumstances which led to the adoption of the opium practice were the following, viz. In the month of Feb., 1829, I had a case of acute rheumatism, highly inflammatory, which, after four weeks' treatment antiphlogistically, seemed to baffle all efforts towards a perfect cure; thrice thought the lancet, cathartics, sudorifics, *partial* anodynes, colchicum, vapor baths, sulphur baths, blisters, &c., had apparently vanquished the foe, but from the slightest exposure I perceived (as the antimasons say of the masonic institution) that "it required more killing." My patient was exceedingly plethoric and full habited, and though short in stature (less than five feet), weighed nearly two hundred pounds. Habits somewhat intemperate. Under these circumstances, he being now very much prostrated, and unable to exert a single voluntary muscle from tumefaction and pain, I accidentally hit upon the article describing Cazenave's practice, and although the case, *a priori*, seemed at the time absolutely to forbid its adoption, there being a *dry, hot skin*, quick and frequent pulse (130), *dry tongue and fauces*, with consequent *cerebral disturbance*; yet as a dernier resort, I determined to test its efficacy. Judge my surprise, when I inform you that the disease yielded as under mysterious influence. In the course of the week, my patient was again upon his legs, and notwithstanding the inclemency of *that* season (March), was out and about his ordinary avocations; and although he continued his habits of intemperance, which carried him from comparatively affluent circumstances, in a few short months, to find lodgings in the gutter, yet, to this day (having again reformed, through an absence on a protracted whaling voyage, to which he was shipped by our city authorities, as a *nuisance*), he enjoys perfect health, and during his exposures through the voyage he had no relapse whatever of his former affliction, to which he had at times previously been liable.

My next case was that of an octogenarian, who had suffered occasionally for years. When called to him, under the disease in its most acute form, affecting both inferior extremities, after premising a cathartic he was ordered the pill, and in five days he was out, well, nor has *he* since had a relapse.

I need not now recount individual cases; suffice to say, that being attached, in connection with Drs. Webb and Toby, to the "Asylum for the Poor," we had ample opportunities for testing *fully* the efficacy of the practice, both in the acute and *chronic* form of the disease, and to our entire satisfaction, having never been, I can truly say, in a single instance unsuccessful. In fact, *there*, our success became proverbial, as may be illustrated by the following circumstance. When the asylum was erected, through the munificence of our late lamented citizen, *Knight Dexter, Esq.*, all the poor who had been quartered in private families in town and *country*, were returned to that ample institution. One individual, Mr. C., on entering (1830), stated to the overseer that he could not labor at his vocation (a tailor), having been for twenty years afflicted with chronic rheumatism. That officer remarked, is that all? if so, you have come to the very place; enter the asylum, and our physicians will cure you in a few days. He came, and though really

quite infirm from protracted sufferings, the prophecy, much to his surprise, was verified; in ten days he found himself restored, and, until the past year, was constantly enabled to work at his trade. He died of chronic diarrhœa, having been in the Asylum over six years.

Many successful cases might be detailed, both in private and public practice; but should you adopt *the plan*, your critical observation and discriminating mind will enable you to judge of its merits or demerits, of which I trust we shall ere long be informed. To be successful, I am convinced that the practice should be adopted *fearlessly*, and in full.

The following phenomena almost invariably present, viz. cathartics being premised, after from 6 to 10 doses of a grain each are *successively, hourly* administered, a profuse perspiration supervenes, succeeding which, the pulse, at first somewhat elevated, becomes gradually lessened in force and frequency; the distress, before violent, now abates, freedom of motion returns, tumefaction and redness subside, nor is metastasis often apprehended. Nausea is not uncommon at this stage of the treatment; in fact, with many it is a *constant* attendant. When the severity of the case renders it indispensable to pursue the opium *freely* for several days, the bowels move spontaneously and actively, and in some instances require astringents to prevent consecutive diarrhœa, gripings and tenesmus. In a few cases, however, the bowels are torpid, and superadded to which, the patient suffers from dry and parched fauces. These symptoms have been most promptly relieved by occasional draughts of yeast, the patient gurgling freely with the same. In *all* cases, but little perfect sleep is obtained; the patient frequently inquires if he may not take an anodyne to court it. In three cases of private practice, wherein the violence of the symptoms rendered a *protracted* course of opium necessary, my patients suffered from profuse ptyalism with exceedingly irritable gums, tongue and fauces, nor could I readily disabuse them of their surmises that it was the result of mercurials. Absence of specific fœtor, and firmness of the teeth, however, were sufficiently diagnostic to the initiated.

I ought to state that I *never bleed* except in cases of decided plethora or local (visceral) determination, and very rarely blister or apply rubefacients, except to amuse the patient, who cannot conceive of a cure without their aid. My plan is to follow Cazenave's practice fearlessly, though watchfully, keeping the patient in bed and properly protected by sufficient blankets from atmospheric changes. Once or twice only have I ever resorted to warm or vapor baths as adjuvants in the course, and never *but in one single instance* have I witnessed a relapse, and that case was so peculiar that I propose, at some future leisure moment, to give it in detail.

The treatment is simply this. After a cathartic, I prescribe *one grain of opium*, in pill, every hour, occasionally combined, when there is great heat, with ipecac., or, to disguise the opiate smell, when suspected, with some aromatic oil (cloves, mint, &c.), and continue the same dose *hourly*, until the intoxicating effect is produced, or *profuse perspiration supervenes*, when the same dose may be repeated every two or three hours, to keep up a free determination to the skin; the patient taking at the time,

large and frequent potations of some diluent drink. If pain is intense, add another grain of opium. Exhaustion from the copious perspiration is alleviated by some cordial diaphoretic, wine whey, or, what has been found exceedingly useful, not to add grateful, champagne and ice water, soda, &c.

An experience somewhat extensive for eight years, has taught that under the above plan the patient affected either with the acute or chronic form, is rarely confined over a week, or at most ten days. N. B. The *pill* cannot be suspended in the early stage of treatment for the administration of cathartics, without the hazard of protracting the cure by metastasis, &c.

Although this treatment is truly heroic, no cases of cerebral congestion, or other unfavorable circumstances, have ever resulted from its adoption, so far as my observation has extended.

The same plan has been found to be eminently successful in common sick headache, and in that formidable host of diseases y'clept *neuralgic*; nor have I hesitated to resort to it as a *soulagement* in that state of protracted pain in *pleurisy*, where the tartrite and bleedings, both general and local, have been pursued to their ultimata, and (with a small wiry pulse) *pain*, with a dry, hot skin, still lingers.

Four cases of that *non-descript* affection (so far as pathological investigation has developed), *deep-seated pain in the orbit*, with intolerance of light, of months standing, yielded in a few days to the opium, after having baffled all efforts by cupping, leeching, arsenic, *iron*, &c. &c., which convinces me, and will others who adopt its use *en haute* dose, that the virtues of opium have never been half made known.

Quere.—Does not this last named disease of the eye, *more frequently* than is generally imagined, owe its origin and protracted continuance to gouty or *rheumatic* sources (occurring mostly in young subjects), rather than to congestion or chronic inflammation of the deep-seated vessels, &c. &c., and the thousand and one causes, equally unintelligible and inexplicable, which have claimed the sanction of our modern theorists?

Should you consider that the publication of these hasty notes would be in any degree instrumental to excite, through the faculty, an investigation of the subject of which they treat, you may at pleasure so use them; in any event, however, you will permit me to subscribe myself,

Your obt. servt. and friend,

Providence, March 28, 1837.

J. MAURAN.

MEDICAL BOTANY.

[Communicated for the Boston Medical and Surgical Journal.]

NO. III.—CYPRIPEDIUM. AMERICAN VALERIAN.

SEX. SYST.—Class gynandria; order diandria. *Generic Characteristics.*—*Labium* large, inflated, ventricose, sacform. *Petals* four (by some

called a four-leaved calyx), the lower one bifid. *Column* terminating in a petaloid lobe.

Specific Descrip.—Cyp. Pubescens. Stem leafy; lobe of the style triangular-oblong, obtuse; exterior petals ovate-oblong, acuminate; interior very long, linear, contorted; lip shorter than the petals, compressed.

This species of *Cypripedium* grows abundant in meadows and moist wood-land in many parts of New England. It blossoms, in common with most other plants of this genus, in May and June. Stem two or three feet high; leaves downy; flowers spotted, of a greenish yellow. Its root, as well as that of the *C. Acaule* v. *Humile*, has been used as a remedy by country practitioners for many years; and yet its name can be found in few, if any, of our medical books.

C. Acaule. Scape leafless, one-flowered; two radical, oblong, obtuse leaves. It grows in woods, from eight to twelve inches high. The root of the *C. Candidum*, and probably of some other species, is used likewise for the same purposes, and I believe with the same result. But the *C. Acaule* or *Humile* is the kind preserved by the Shakers, and which may be obtained in any quantity at the shop of Mr. Joseph Kidder, Boston. It is composed mostly of long, yellowish, curly fibres of a bitter, nauseous, somewhat acrid taste. It has probably long been a favorite remedy among the Indians, and has obtained the name *Moccason root* from the resemblance of its blossom to an Indian moccason. The several species of *Cypripedium* are called *Ladies' Slipper*, for a similar reason.

Many physicians, besides numerous other people, are ready to testify to the effects of the wild or American Valerian as a remedy. It resembles considerably in its therapeutical properties the imported Valerian, and is thought by some practitioners to be superior to that article. It is certainly a very good antispasmodic, and is exceedingly valuable in nervous debility and irritation. Many of the good ladies in the country, and some in the city, are in the habit of using it to relieve the false pains before and after delivery. Some intelligent and well-informed people speak in high commendation of its effects in their own families. I have used it, and seen it used with good success, in weakness and nervous irritability, and believe it deserves the attention of the medical profession.

A thorough knowledge of the properties of *Cypripedium*, would doubtless give it a conspicuous place in the United States Dispensatory. I am inclined to believe it possesses a narcotic principle, but am by no means certain. Will not some of your readers determine this point, and inform us?

S. A. T.

Cambridge, April 13, 1837.

WOUND OF THE RECTUM.

[Communicated for the Boston Medical and Surgical Journal.]

MARCH 16th, 1837, I was called to visit Seth Felch, aged about five years, a lively, active lad, who had been amusing himself in sliding down

hill on a board in a field, as the snow was hard and icy. It happened that there was a double-ten nail driven through the board, with the point upwards (though, by the way, a portion of the nail had been broken off, leaving a blunt point). As he was descending the hill, sitting upright upon the board and moving with considerable velocity, the forward end of the board fastened itself in an inequality of the crust of snow, and was stopped instantly. The boy's inertia and gravity carried him with full velocity upon the nail, which was standing about one foot anterior to the point on the board on which he was sitting. The nail entered the pelvis within about three fourths of an inch of, and rather anterior to, the anus, on the left side. Passing through the integuments, it entered the rectum about one inch or an inch and a half above the sphincter ani, making an opening there about the size of the finger. It left the wound as the boy fell forwards, by enlarging the external part of it posteriorly. The range of the opening was parallel to the fosse between the glutei muscles, about one and a half inch long externally, and about three fourths of an inch to the left of the anus. His bowels being at the time in a lax condition, the contents of the rectum immediately flowed through the wound. The wound presented a bluish leaden hue, in consequence of its being a contused laceration, and that, too, among hæmorrhoidal vessels. This was his condition when I first saw him, it being on the day of the accident. The anus was closed with an apparent spasmodic stricture, and the thin feces were continually passing involuntarily through the wound. Under these circumstances, union by the first intention was out of the question. But, that union might take place by the second intention, was more probable. To this end, a bread and milk poultice was ordered to the part, and an opiate to check the frequency of the discharges, it being desirable to have the bowels lay entirely at rest, except when they should be moved by cathartics. By this means the wound would not be continually irritated by the presence of the feces; for after the bowels had been moved and checked, the wound could be cleansed by a syringe, and remain clean until another laxative should be given.

17th. This morning the patient requested the closetool, but nothing but an half pint of coagulated blood was discharged, and that through the wound. Examined the wound, and found its appearance the same as yesterday. Febrile symptoms quite prominent; pulse 120; tongue loaded in the centre with white buff; skin warm and dry. Ordered powder tart. pot. and jalap, followed by sulph. magnesia if necessary. After catharsis, use wheat flour scalded in milk for diet, and omit the opiate; antimonials in small doses; continue the same poultice. Inject warm water or soap and water immediately after discharge from bowels, but not introduce the tube of the syringe; give the water some force into the wound, being well exposed at the time by an assistant, then re-apply the poultice.

18th. Less fever to-day than yesterday; wound appears the same; the diet and fever have controlled the bowels sufficiently without an opiate. Ordered the same as yesterday, except use fermenting poultice

of rye flour and yeast ; change frequently ; all the feces pass by the wound.

19th. Less fever and more rest than for any 24 hours since the injury ; tongue becoming clean, and wound appears more of a rosy hue and suppurates freely ; appears somewhat contracted in its dimensions, and part of the feces pass by the anus and part through the wound. Patient has some appetite ; less thirst, and good rest. Continue the same course.

21st. Has rested well two days past ; appetite good ; tongue almost clean ; wound closed and filling with healthy granulations ; no feces pass by the wound, but all per anum. Continue the same course two or three days, then apply emp. diacalon. Patient dismissed. I have seen the father of the boy twice since, and he says that his son is well.

I should not have troubled you, Mr. Editor, with this communication, but for a somewhat similar case reported in your Journal of March 22d, under the head of "Fragments," by A. P. Fuller, of Maine. I am inclined to believe that such accidents are quite uncommon, as this gentleman says that he never before saw or read of a wound of this description. And if this accident is so comparatively rare, and still so grave in its character, it is a sufficient apology for our communicating to the profession the effects of the different modes of treatment that have been pursued. I acknowledge that the cases are not exactly parallel. One patient is a man of 35, sound constitution, good habits and good health ; the other, a boy of five. In one case no aid was procured until the expiration of five days ; in the other, immediately. But notwithstanding this difference, I cannot perceive why the same treatment would not be indicated in the one, as in the other. If I had filled the wound with any foreign material, I should have perpetuated an artificial anus, for this is the only means which surgeons resort to after the operation for imperforate anus in children, in order to establish an artificial anus, and make it permanent. Whereas should they introduce no foreign material, it would unite by the first intention, or granulate, and the new canal would become obliterated. I consider the wounds above described to bear almost no analogy to fistula in ano. In one, the ulceration is the effect of a specific, diseased action, producing an ulcer of a peculiar character, very far from healthy. But in the above accidents, though the ulcers are situated in the same region, they are simple wounds in healthy parts and in healthy constitutions ; and it would be as absurd to suppose that they must be treated like fistula in ano, as that a wound on the side of the neck producing an ulcer, must be treated with iodine and other remedies for scrofula, because scrofulous ulceration is sometimes seated there. I presume that all are agreed that the sphincter ani should not be divided and prevented from uniting by a foreign substance, without the most imperious necessity ; and if wounds of the above description can be treated successfully without such division, it should not be divided in consequence of them.

ISRAEL HINCKLEY.

Topsham, Vt., April 2d, 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 19, 1837.

EDUCATION OF THE BLIND.

ALTHOUGH the fifth annual report of the Trustees of the New England Institution for the Education of the Blind has been before the public some weeks, it has not been convenient to give it that attention before, which such a document demands. Dr. Howe, the director, is laying a broad and deep foundation to transmit his name to future times, as a benefactor of the unfortunate of the human race.

The following comprises all that can be essentially beneficial to medical readers.

"The pupils have, generally, been in excellent health; few cases of severe sickness have occurred, and those have all terminated favorably.

"This may be considered fortunate; for the blind are more liable to disease and early death than seeing people; partly because there are many cases where blindness is the partial effect of some general cause, which occasions constitutional infirmity; partly, because in early life they do not take exercise enough to develop the force of the system; and, partly, from habits of indolence, physical and mental, acquired in later life. Now the majority of our pupils were past the age of adolescence, when they entered; and are, therefore, still liable to the effect of unfavorable causes, put in operation before.

"Great attention, however, is now paid to their physical health; and there is no doubt that where this attention can be given from early life, the mortality of the blind will not differ much from that of seeing people. The pupils are required to be perfectly clean; they have the use of the warm bath; their body and bed linen is frequently changed; the sleeping-rooms and school-rooms are very well ventilated; their diet is simple, but healthy and ample; their hours of eating, study, exercise, and sleep, are regular; in short, everything is done to promote health, though we have still to contend with almost insurmountable repugnance in the older ones, to taking sufficient exercise.

"The system of intellectual education, adopted at the commencement of the Institution, has been assiduously and successfully followed during the past year, and we can now realize its happy effects. The upper classes of boys and girls are well versed in the grammar of the English language, in geography, and arithmetic. The first division is familiar with the principles of natural philosophy, embracing astronomy, with the outlines of natural history, and have been exercised in composition. One section is thoroughly acquainted with algebra, and is engaged in the study of geometry. Another section can translate and converse in the French language. All, except the very youngest of the pupils, have been taught to read, spell, cipher, and are rapidly acquiring the rudiments of common education. Many of them write a legible hand, and can correspond with their friends by mail.

"When we say that many of our pupils are good scholars for their

age, we do not mean merely that they are good in comparison with other blind children, but that they are quite equal in acquirements to boys and girls of their own age in our common schools and academies. But, as in common schools there are some bright and precocious minds, and some dull dunces, so with the blind, some are very intelligent and apt, others are very stupid and almost imbecile. In short, the experience of our school proves (if indeed any proof be needed) that the original capacity of the intellect is precisely the same in blind, as in seeing children. Their intellects, however, cannot be developed by the common modes of education, and it is to supply peculiar processes of instruction that our institution is established.

"We may consider music as a branch of intellectual education, and this has been taught with great zeal and success, by our Professor, Mr. J. Keller, who has, with great zeal, devoted his time and talents to the pupils."

"Vocal music has been much cultivated, and with great success; our pupils have given several public concerts which afforded entire satisfaction to the audiences.

"It will be found that the pupils are able not merely to perform many difficult pieces, but that they are acquainted with the theory of music; that they have learned, not by rote, but scientifically.

"Besides attending to their studies, and to music, the pupils are occupied four hours daily in handicraft work; some of them have become expert at making mattresses and cushions, at weaving coarse mats, &c. It is desirable that all, even those destined for musicians and teachers, should be exercised at some handicraft work; for it not only conduces to health, but gives an activity, a command of the limbs, and freedom in motion, not to be attained by the blind in any other way. The girls are taught to sew, knit, braid, &c., and to do some housework; and it is advisable that all of them should be able to wash, iron, set tables and to keep furniture in order.

"It may seem strange to those who are not familiar with the subject, that so much can be learned by blind persons in so short a time; but, the truth is, with the advantages given them, many of our pupils learn faster in some branches than they would if they could see and could attend common schools five or six hours per day. The blind study with more pleasure and more intense application than seeing children; and they have much more retentive memories; but besides this, the following statement of the daily routine of study, music, and work, will show that they are kept diligently occupied.

"At half past 5, A. M., the first bell rings; at 6, all assemble at the chapel; at 8, breakfast—the boys then walk out for exercise until 9, while the girls are busy at housework; from 9 to 10, all attend school; from 10 to 11, all assemble for singing; recess half an hour. From half past 11 to 1, school; from 1 to 2, P. M., dinner and recess; from 2 to 6, all are at work—with a short recess for the younger ones; 6 to 7, supper and recess; 7 to 8, all assemble for singing; 8 to 9, reading, newspapers, and history; at 9, they assemble for prayers, and then go to rest. The children retire earlier.

"Such is the routine of a day (in winter as well as in summer, for the blind limit not their day by the rising and setting of the sun); and although it may seem severe discipline, it is not found to be so in practice; for, by alternating study with music, and by frequent recesses, different faculties

of the mind are called into operation in succession, and the pupils are not so much fatigued as if they were kept seated on school benches six hours, with but one intermission. In general terms, the pupils devote four hours daily to intellectual labor; four hours to vocal and instrumental music; four to recreation and eating; four to manual labor, and eight to sleep. Or if we consider music as intellectual labor, and work as physical labor, then they devote eight hours daily to intellectual education, eight to physical education, and eight to sleep."

Poisonous Partridges.—After various inquiries of those who profess to be conversant with the habits of these birds, we are inclined to the opinion that the poisonous quality of their flesh in the spring of the year does not arise from feeding on any kind of bud or berry. As the season approaches when the system undergoes important preparations for the reproduction of the species, the fluids of some of the organs are variously changed and more copiously secreted. These are reabsorbed and carried into the system through the circulation, imparting to the muscles, and especially those in the immediate neighborhood of the spermatie apparatus, a quality, *sui generis*—intolerable to the human stomach. Male birds, it is apprehended, and not the female, possess this noxious quality, of which so much has been said—but only about seven weeks—from the first of February to the middle of March.

Legislative Generosity.—It will be recollected that some two or three months ago we expressed a hope that the Massachusetts Legislature would exert a sustaining influence in behalf of the Eye and Ear Infirmary. To our great gratification, and to the lasting honor of the Senate and House of Representatives, a grant has been made of five thousand dollars, to be paid into the hands of the trustees forthwith—accompanied by an annual appropriation of two thousand dollars, for the next five years. This at once raises the institution to a condition of usefulness, by the provision which has thus been made for boarding and lodging the poor coming from a distance who may seek relief at its portals. As soon as the act is published, it will have an insertion here, that the profession abroad may understand how the people of Massachusetts appreciate the skill of physicians and surgeons.

Calomel in Scalded Glottis.—An English surgeon has lately cured a distressing case of scalded glottis, in a child aged seven, who had attempted to drink from the spout of a tea-kettle containing boiling water, by administering calomel—two grains of which were given every hour, with two minims of the tinct. of opium with every other powder, and continued for two days.

Epidemic Hooping Cough.—Dr. John Hancock, at a late meeting of the London Medico-Botanical Society, mentioned having seen a whole family affected with hooping cough, in South America, without any previous communication with any one affected with the disease. The family resided in the woods of Pomeroon, far distant from any settlement. Dr. H. considered this as one evidence of the epidemic origin of hoop-

ing cough, or that it is propagated by a peculiar condition of the air, rather than by contagion.

Canadian Physicians.—Before a professional gentleman can commence practice in Canada, it is required that he shall procure a license of the Governor. In accordance with this requisition, the last Quebec paper announces the following intelligence—William Donegani, Esq., M.D., George Holmes, Esq., M.D., and William M'Nider, Esq., M.D., have severally been permitted by the authority of his Excellency the Governor General, to practise physic, surgery and midwifery. The Canadians had better organize a medical board to examine into the qualifications of strangers. What is the opinion of a Governor worth in the grave matter of judging of a man's attainments in these important subjects?

Analysis of Bitter Almonds—Hydrocyanic Acid.—At a late meeting of the Med.-Botan. Soc., Mr. Everitt stated some curious facts at which the French chemists have lately arrived, respecting the analysis of bitter almonds. The substance called "amygdaline" was obtained by macerating the bruised seeds in alcohol, or ether; but it was proved that no hydrocyanic acid or essential oil was contained in them; and that those principles are *not educts*, but mere products, formed by water, or by mastication; that benzoic acid is formed in the volatile oil by its union with oxygen; that the bitter principle is developed only by attracting azote or nitrogen.

Mr. Everitt also showed a very delicate test for hydrocyanic acid, consisting in simply placing over a watch-glass containing the smallest quantity of hydrocyanic acid, alone, or mixed with some other body, another piece of glass, damped with a solution of nitrate of silver. The hydrocyanic acid, being extremely volatile, escapes, and, coming in contact with the nitrate of silver, renders the glass opaque, by forming cyanide of silver.—*London Lancet.*

Medical Miscellany.—A proposition is before the Mass. Legislature to make some alterations in the general health laws of the Commonwealth.—The gripe, a new form of influenza, is said to have appeared at New Orleans.—Dr. Lloyd, of the British forces at Barbadoes, has arrived at this port.—No one disease appears to be particularly prevalent at this time in the United States.—The plague has generally subsided in all those countries where it made fearful havoc only a few months ago.—Mr. Jordan, of Boston, is agent for the new British Medical Quarterly Review, and is prepared to furnish back numbers.—Pulverized bloodroot, sanguinaria Canadensis, has become an important remedy in healing bad-conditioned ulcers, sprinkled on about twice a day.—The anniversary of the Mass. State Medical Society is at hand.—Eight thousand dollars have been appropriated for the current expenses, the ensuing year, of the Lunatic Asylum at Worcester.—Dr. Gordon's infirmary for diseases of the skin, is gaining public favor.—Rooms for public lectures on diseases of the Eye and Ear, are to be forthwith constructed at the Institution, in Green street.—Smallpox, which has been rife several months in various sections of the country both at the north and south, appears to have been wholly overcome and circumscribed by active vaccination.

TO CORRESPONDENTS.—Dr. Webb's Appendix to his Dissertation on Rheumatism, was not received in season for this number of the Journal. It will be inserted next week. Other papers are also on file.

Who e number of deaths in Boston, for the week ending April 15 '33. Males, 21—Females, 15.

Consumption, 6—infantile, 2—disease of the heart, 2—dropsy on the brain, —wounds, 1—apoplexy, 1—lung fever, 4—typhus fever, 2—inflammation of the bowels, 1—enlargement of heart, 1—accidental, 1—influenza, 1—rheumatic, 1—canker, 1—cold bed, 1—intemperance, 1—worms, 1—pleurisy, 1—syphilis, 1—stillborn, 1.

MEDICAL TUITION.

THE subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, \$100 per annum; to be paid in advance.

Boston, October, 1835.

June 15—eoptf

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE,
J. M. WARREN.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at our Medical Journal office.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Ample instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. LIN, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

April 12—3t

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities will be afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

MARSHALL S. PERRY, M.D.
AUGUSTUS A. GOULD, M.D.
HENRY L. BOWDITCH, M.D.
HENRY G. WILEY, M.D.

Nov. 33.

TO PHYSICIANS.

A PHYSICIAN wishing a location in a pleasant town near the centre of Worcester County, Mass., where he can command a large business, may hear of one by inquiring, personally, or by letter post-paid, at this office—the present occupant wishing to leave his business, on account of ill health.

April 19—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover—J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVI.]

WEDNESDAY, APRIL 26, 1837.

[NO. 12.]

THE POISON VENDER MORISON VERSUS THE "DISPATCH."

[THE following notice of a recent trial in England is from the London Lancet of February 18th, 1837. It will be read with no little interest in this country, where the plaintiff's "hygeian pills" have met with such an extensive sale among the ignorant and credulous.]

A cause was tried, in the Court of Common Pleas, Westminster, which occupied two days of the last, and the first day of the present week, in which proof was adduced of the lamentable credulity of the English people, with respect to the pretensions and nostrums of unprincipled, mercenary, cold-blooded quacks. The parties who had joined issue in this cause were Morison, the man-slaughterer and pill-maker, as the *plaintiff*, and Mr. Alderman Harmer, and Mr. Bell, the proprietors of the Weekly Dispatch Newspaper, as *defendants*. The plaintiff sued for damages on two grounds—first, because it had been said of him, in the widely-circulated paper of the defendants, that he was a "scamp," and had bolted, or had run away, because he could not face his creditors; and, secondly, because they had alleged that his pills acted upon the community like wars, plagues, and pestilence, and destroyed their thousands. Mr. Serjeant Wilde, who conducted the defendants' cause, throughout, in a most able and masterly manner, admitted that a verdict must go against his clients with regard to the imputation of running away and insolvency, but that with respect to the pernicious and destructive quality of the pills, he was prepared with proof to sustain the whole of the allegations of his clients. In the course of the trial the following were given, as the results of analyses of the pills, by Mr. Daniell, the Professor of Chemistry at King's College, and Mr. Hume, the veteran chemist, of Long Acre. The following are the analyses of twelve pills of the No. 1 and 2 Class:—

"Mr. Daniell stated that he had analysed both Nos. 1 and 2, and found that twelve pills of No. 1 contained eleven grains of resin of aloes and one-tenth; ten grains of cream of tartar and four-tenths; four grains and four-tenths of gum and soluble matter. He did not find anything else in the box of pills marked No. 1. In the box marked No. 2 he found, of resin of aloes, five grains and six-tenths; resin of *gamboge*, four grains and one-tenth; pounded *colocynth*, two grains; gum, four grains and seven-tenths; and cream of tartar, six grains and seven-tenths: that was all he found in twelve pills of No. 2."

"Mr. Hume, of Long Acre, stated that he had received some of

plaintiff's pills for the purpose of analysing them; and also a box of powders. The pills being of unequal sizes, and the component parts not equally distributed, he could not analyse them except by quantities. Ten pills that he took from a No. 1 box weighed 27 grains, while ten smaller pills, taken from the same box, weighed only 20 grains. The same observation as to the unequal sizes of the pills applied to those which he had taken from box No. 2. In 50 grains of the pills taken from No. 1 box he found 22 grains of aloes, 23 grains of cream of tartar, and 5 grains of gum and extraneous vegetable matter. In 50 grains of No. 2 he found, of gamboge, 8 grains; of colocynth, 4 grains; of aloes, 11, or a little more; of cream of tartar, 14 grains; and of gum, 10 grains. Something would be lost by evaporation in analyzation; but that was, he thought, of little consequence. He was satisfied as to what were the principal ingredients. The cream of tartar was very injurious, as it would convey the pills whole from the stomach to the narrower part of the intestines. Aloes would, in some constitutions, cause hæmorrhage, or piles. Aloes are of a purgative nature; gamboge is rather a drastic purgative, and sometimes rather violent. That depended on the quantity and the other substances with which it was combined. Both gamboge and aloes were medicines that required great care in their administration."

In the printed directions which were issued with the boxes, and in separate pamphlets, it was recommended that these pills should be taken in any one of almost the entire catalogue of human complaints, but it was particularly urged to give them in fevers, measles, scarlatina, smallpox, and consumption. Further, the unfortunate and deluded creatures who believed the statements of the quack, were told, with unblushing, and, we must add, murderous effrontery, that if they did not sustain benefit from taking the pills, they might be assured that it arose from no other cause than this—that *they did not take enough of them!* Thus, hundreds and thousands of persons may have been induced—in diseases where purging, in certain stages of the complaint, is sure to bring on a fatal termination—to persist in swallowing the poison until the tomb closed over both their sufferings and their credulity. Of course, witnesses were called who stated that they had been cured of all sorts of complaints by taking these pills; and there are plenty of persons still living who are ready to swear that they have been cured of the most direful ailments by the touch of Prince Hohenlohe—by the sound of Irving's unknown tongue—by holding a firm belief in the "divine mission" of Joanna Southcote, and by the "rubbing" system of John Long! With such persons we can hold no converse; to reason with them would be a waste both of time and labor; all that need be said of them is this—that they are exactly qualified to be the dupes of Morison, and that Morison is just suited to be their impostor. It is altogether a suitable companionship. But what a spectacle has this trial exhibited in a civilized country! What a reflection is it upon the discernment of the public! What a stigma on the state of medical law! What a disgrace does it reflect upon the Government! Above all, however, what is to be said of the conduct of the *Apothecaries' Company*, who have, so far as we can

learn, never taken a single step to punish Morison, or to abate the nuisance of which that reckless and impudent fellow is the author? In what character did this impostor rear his head in the Court of Common Pleas? In what character did he ask for damages? Obviously in that of an *Apothecary*, as he is, according to his own showing, a *prescriber of "medicine" in all cases of disease*—a *compounder of "medicine"*—a *seller of "medicine,"* and employs even a number of assistants to *administer*, and watch the *operation of*, his "*medicines.*" Yet, according to the statute of 1815, he is a person unqualified by law to act as an apothecary, and is liable to a penalty of £20 on every occasion on which he recommends and sells a box of his pills in a medical case. He is equally liable to be fined for the performance of similar acts by his assistants. Scandalously, therefore, has the *Apothecaries' Company* neglected its duty in omitting to prosecute this most impudent and audacious quack. At the termination of the trial, quite true it is that the jury by their verdict justified the allegations of the defendants with respect to the indiscriminate and wholesale use of the pills, but, at the same time, they gave a verdict for the plaintiff, with two hundred pounds damages, on that part of the alleged libel which related to his insolvency, and the running away from his creditors. We think he ought not to have recovered one farthing, inasmuch as all that was said of him by the defendants related to him in his character of an *apothecary*. In that character, he was *unlawfully* engaged in carrying on his business; and we cannot conceive, therefore, how he could be entitled to receive a sixpence at the hands of the jury, for anything which was said disparagingly of him, connected with the unlawful pursuits in which he was clearly and avowedly engaged.

We cannot, however, from a cause which it is unnecessary to state, proceed at great length into the details of this case in the present number of our Journal.

In closing this notice we must remark that the profession and the public owe an immense debt of gratitude to Mr. Alderman Harmer, and Mr. Bell, for the spirited conduct which they have displayed on this occasion. In order to serve the public, they have incurred an enormous pecuniary sacrifice in the action. It affords us, therefore, infinite pleasure to perceive that the verdict of the jury, affirming, as it does, the pleas of justification on the record, with reference to the destructive character of Morison's proceedings, must entail upon the quack an expense which the sale of some thousands of his boxes of pills will not be sufficient to liquidate.

ON THE MEANS OF ELEVATING THE MEDICAL PROFESSION.

BY SILAS HOLMES, M.D.

(Concluded from page 155.)

BUT again, another step towards elevating the medical profession to the rank in society which it ought to occupy, must be *to enlighten the pub-*

lic mind with respect to the subjects with which medical science is conversant. Every medical man must have observed the lamentable ignorance of the whole community on these important subjects; ignorance not confined to the illiterate and vulgar, but extending to nearly all. How few, even of the most enlightened and educated, have anything like correct ideas as to the structure of their own bodies, the varied diseases to which they are subject, and the means of correcting those deviations from a healthy state which constitute those diseases. The crude and miserable notions entertained on these points by nearly all men not of the profession, must have excited, in the mind of every physician, emotions of grief, disgust and ridicule. Still so extensive, I might almost say, so universal, are these erroneous views, that those who see their absurdity, seldom give themselves the trouble to correct them in others; and that, for the very sufficient reason that the attempt would be unavailing. In the present state of things it is utterly impossible to make those comprehend the grounds of medical treatment, who have not the most remote idea of the elements of medical science; the only effect of attempting to explain them must be to give an imperfect or erroneous idea, and thus to confuse the patient and embarrass the course of treatment. The consequence is, that the great portion of mankind have no criterion to direct them in the choice of a physician, save his standing with his brethren, or, what is oftener the fact, the voice of rumor or popular applause. How often must it have fallen to the lot of all, to see talented, judicious and scientific practitioners unceremoniously dismissed from families whose members they have attended for years with fidelity and success, and to see their places supplied by rash, conceited or ignorant men, if not by actual and arrant quacks! How often are the most appropriate prescriptions rejected by those who are as capable of judging as to their propriety, as they are of naming the constellations in their order; and how often is the place of these prescriptions supplied by multifarious decoctions of various useless and inefficient herbs, whose only effect is to disturb the stomach of the sufferer and interfere with the salutary operations of nature! How insuperable are the prejudices of the friends of the sick, and on what mistaken and ridiculous notions are these prejudices generally founded! We find the sick attributing their diseases to causes which are either wholly imaginary, or utterly and evidently inadequate to the production of the effects supposed to arise from them.

From this general ignorance on medical subjects, arise all the varied forms of quackery. It is useless to tell me of the gullibility of man; I know of no such faculty of the human mind; but I do know, that ignorance is the parent of credulity, and that nothing is easier than to impose on those who are unable to detect the cheat. True, sooner or later, dear-bought experience assures the credulous that they have not only been swindled out of their money, but also physicked out of their health; true it is, that a few doses only of the inestimable hygeian pills are sufficient to convince the patient that gamboge and aloes were not intended to be used as alimENTS. But how much better to have

known this simple fact before the quack had filled his pockets or the patient inflamed his bowels!

But the fruits of this general ignorance on medical subjects, are not confined to the manufacture and sale of individual nostrums or panaceas: they are displayed in the rearing of nonsensical systems. Does any man believe that a system so ridiculous as that of Thomson, could have subsisted for a moment in a community, the members of which were acquainted with the structure of their own bodies? or that this erudite hostler could have succeeded in making any one believe, at this age of the world, that the human body is composed of the four elements, earth, air, fire and water; and not only so, but, upon an assumption so false and so absurd, build up a theory of disease? Yet this very "system" has traversed the whole Union, from Maine to Georgia; hardly a village can be found in some of the States, where a Thomsonian doctor has not located himself temporarily: and even where they cannot be found, we are brought in daily contact with the parboiled bodies of some of their votaries.

All these and similar ruinous deceptions would flee before the general extension of medical knowledge. And who can say that quacks and quackery do not exercise upon medicine a most injurious influence? Except in point of general respectability, the community, or at least a portion of it, regard the scientific practitioner and the illiterate quack as upon nearly the same level; having in view the same object, and only differing somewhat as to the means by which that object is to be accomplished. They regard their mutual hostility as perfectly natural; and they look upon the efforts of the scientific practitioner to put down the Thomsonian, as arising from precisely the same motives which might prompt an envious tradesman, or laborer, to undervalue the labor or commodities of some more successful rival. To place medicine upon its proper basis, and to raise its practitioners to their proper standing, the non-professional world must be made acquainted with the elements of anatomy and physiology. But here let me guard against misrepresentation. Medical practice must always be, to a certain extent, conjectural; the science itself will probably never be ranked among the exact branches of learning. So infinitely varied are the symptoms of the same disease in different persons, and so opposite are sometimes the remedial means required, that it is vain and idle to suppose that, at any future period, every man will be his own physician. The necessity for the medical man will always exist, and his office and his art can never be superseded. Constant study, both of books and nature, is essential to his character; and the value of his advice must always be nearly in proportion to the extent of his experience. I would by no means have all men treat their own diseases; such an attempt would be impracticable and absurd. But it must be evident that correct knowledge of the general structure of the human body, would free the world from quackery and imposture, and render the task of the physician very much more easy.

Allowing this truth, then, and admitting also that a certain amount of medical knowledge among the non-professional part of the community is essential to the dignity of the profession itself, the question immediate-

ly arises, how is this knowledge to be communicated? In answer, I remark, that medical men themselves must be the principal agents. If the blind lead the blind, we all know the necessary consequence. True it doubtless is, that some few men, not themselves physicians, have attended to medical science; and true it no doubt is also, that some physicians know nothing of it. But these are exceptions to the rule.

The requisite amount of medical knowledge, then, may be readily disseminated, first, by the press. Nearly all the anatomical works which have been issued until within a few years, have been designed exclusively for the profession; and from the necessity of learning a new language before they could be comprehended, those not of the profession, who have attempted to master them, have found the effort vain and the study itself tedious and disgusting. It ought to be a matter of congratulation to those who wish well to medicine, that within the few last years, some very well-written books on anatomy have been struck off, designed exclusively for general readers; and it may be sufficient to prove that the community itself would second the efforts of those who attempt to disseminate knowledge of this nature among them, to state that these works have met with a ready and somewhat extensive sale. In fact, as has been before remarked, the study must commend itself to all. It need not, it ought not to, be accompanied with demonstrations upon the dead body; all the knowledge necessary for general students, may be easily obtained without passing through the disgusting scenes of the dissecting room; plates and explanations would be amply sufficient. The possibility of rendering the whole subject of anatomy simple, and easy of understanding, is amply proved by the fact that in some of our academies and high schools the attempt has been made, and has been successful. Let the works of competent and clear-headed men, who are able to write with clearness and simplicity, without the technicalities of art, and without tedious and unnecessary minuteness, be more extensively circulated and read by general scholars, and a great part of the work would be accomplished.

But, again, anatomy and physiology should form a part of college education. The ignorance on these subjects, as I have already remarked, is nearly as great among the intelligent and educated, as among the illiterate and vulgar. Until within a very short time, they formed no part of an university education, and while four years were employed in the unceasing study of other sciences, valuable, indeed, and important, but of no immediate application, these exceedingly interesting branches have been entirely neglected, or attended to only for the purpose of illustrating other studies; as, for instance, natural theology. In some of our first collegiate institutions at the present time, however, lectures on these subjects are regularly delivered, to the general acceptance of the students. At Harvard, regular lectures on anatomy and the means of preserving health, are delivered by the professors in that college. At Yale, the impressive and elegant lectures of Dr. Knight will not soon be forgotten by those who have heard them. In Brown, also, and Dartmouth, these subjects are ably treated, and perhaps in some other colleges with which I am not acquainted. Let lectures on anatomy and physi-

ology be delivered in all our collegiate institutions, by competent professors, and much will be done towards elevating the medical profession to a more determinate and higher rank. An influence would go forth from them, and from their students and their graduates, potent to put down quackery and diffuse correct medical knowledge.

Time would fail me to enlarge on other means and measures for accomplishing the same great object, and I have already consumed more than the subject perhaps deserves. But it seems to me important and worthy of attention, and if some influential and talented member of the profession were to pursue it farther, I cannot but believe that his labors would be eminently beneficial.

Bristol, R. I., April, 1837.

APPENDIX TO DR. WEBB'S DISSERTATION ON RHEUMATISM.

[Communicated for the Boston Medical and Surgical Journal.]

WHILST the concluding sheet of the preceding brief dissertation was passing through the press, it occurred to me, that it might be acceptable to the profession to have a few cases, confirmatory of the safety and efficacy of the opium treatment, furnished for their perusal, from the practice of some other physician. Two of my particular friends and brother practitioners, Drs. Mauran and Tobey, of this city, have had ample opportunities, for some years past, to test the soundness and success of the remedial plan whose claims to more general attention we have been advocating; and the result of their experience is decidedly in its favor.

The somewhat anomalous case to which we have alluded, where the rheumatism was located in the knee-joints, occurred in the practice of Dr. Mauran. This was the most obstinate case of which we have any knowledge; and though for a time it seemed indomitable, it eventually succumbed to the opium, and to this day has not recurred. Indeed one of the characteristics of this plan seems to be the *eradicating influence* it exerts over the disease, in which respect we must rank it pre-eminent above all other plans of which we have any knowledge. But to insure this, it must be steadily and perseveringly pursued, until the attack is completely overcome; if we relax in our efforts (e. g. whilst waiting for the operation of a cathartic, in the few cases where a resort to such means for moving the bowels may be found necessary), the enemy will steal a march upon us, to counteract the effects of which will require renewed diligence upon our part. Among the host of cases that have been here treated, we can learn of but one relapse, and that happened to an individual to whose case reference will be directly made.

The most troublesome and perplexing effect that occasionally proceeds from the use of this medicine, is a profuse pytalism, which may compel us to abandon it, for the time being; still this constitutes one of the very few rare exceptions, and cannot be considered as a valid objection to the general administration of the drug, more especially as, al-

though uncomfortable, it is followed by none of the evil consequences that so strongly mark a mercurial salivation.

The history of the cases here subjoined, was, at our request, obligingly drawn up by our friend, JOSEPH MAURAN, M.D.

CASE I.—M. G., spinster, aged 35, of delicate and spare habit; from exposure, in watching protractedly, with a sick friend, was seized Feb. 23, 1831, with *inflammatory rheumatism*, affecting not only the extremities, but the muscles of the chest, and occasioning thereby extreme difficulty of respiration.

The pulse being full, was bled ad deliquium, after which she took with effect a saline cathartic, and was then ordered the grain pill of opium, to be repeated hourly. These pills were unabatingly continued 48 hours, when with the free use of acidulated drinks a copious perspiration ensued.

25th. Pain in chest and extremities abated; tumefaction lessened. Bowels have become irritable, for which she takes, as an astringent, hot ginger tea. Friends are astonished that no blisters or frictions are advised, having never witnessed a cure without them. Ordered a continuance of the pill every two hours.

26th. Pain, redness and tumefaction rapidly subsiding; complains of sweating too freely; pills to be continued every three hours. Bowels still irritable. Gums becoming painful, with a dry reddish hue. Pulse, which have been gradually abating, now become more frequent.

27th. Still complains of soreness of mouth. The friends are with difficulty dissuaded of their conjectures that it is the result of calomel. Rheumatic pains ceased.

28th. Inability to perfect motion of the legs from stiffness, though free from pain. Mouth and fauces continue sore; gums assuming a sub-scorbutic aspect. As this soreness, from former similar cases, is known to have resulted from the opium, the pill (pain having ceased) is now abandoned. Affection of the mouth continues with profuse ptyalism, though unattended with fœtor or looseness of the teeth, as from mercurials. Ordered a gargle of yeast.

March 1st. Has slight febricula, probably the result of secondary irritation from soreness of the mouth. Continue the yeast with mucilaginous diluents. 2d. Fauces coated with slight aphthæ. Extreme soreness relieved. Pulse subsided in frequency. Ordered small doses of sulphate of quinine.

3d. Aphthæ separating, leaving the tongue and fauces moist and of a healthy color. Appetite returning; is allowed light farinaceous diet, with moderate exercise. 5th. Visited her to-day for the last time. Mouth and fauces recovered. Bowels kept soluble by the yeast. Takes porter as a tonic. No relapse has ever recurred, neither has she since been indisposed for a single day.

CASE II.—Miss I. S., aged 15 years; rather delicate; was first seen Nov. 30th, 1836. The father having been subject to the disease, called to ask my opinion of the propriety of putting her under the care of some "*Steam Doctor*," having realized, in his own person, the inefficacy of the most popular modes of scientific practice.

Upon visiting her, found she was laboring under *acute rheumatism* of one of the inferior extremities. Prescribed a *salinæ cathartic*, to be followed hourly by the opium pills, one grain in each. After the fifth dose she perspired freely, and the pain abated. Pill continued at intervals of three hours; redness and tumefaction soon subsided entirely.

Bowels not having been moved freely, directed a purgative to be given, and after its operation the pill to be resumed. Through inadvertence the pill was *omitted entirely*. On my next visit, the third morning, was sorry to find that the disease had extended to the other limb, the one first affected also again becoming troublesome. Ordered the pill to be once more repeated hourly, and at my next visit found the suffering had almost altogether disappeared. At the fifth visit was gratified by the announcement that my patient was well; since which there has been no relapse.

CASE III.—R. P., *Steam-boat Engineer and Practical Machinist*, aged 50, of steady habits. Had been afflicted severely for fifteen years, during which period he was confined with *inflammatory rheumatism*, three or four times each year; the paroxysms continuing from four to eight weeks. Has had, being a resident of New York, the best medical advice of that city. Has been heretofore treated by profuse general and local bleeding, blisters, rubefacients, &c. &c., with their adjuvants, vapor and sulphur baths; has tested fully the practice with colchicum; been three or four times profusely salivated; and, as he has informed me, has taken every popular empirical medicine with which our large cities abound. But for the past three years, finding all remedial efforts wholly unavailing, has trusted solely, and as he thinks *with equal advantage*, to the *vis medicatrix naturæ*.

When called to him, April 20th, 1835, he was laboring under the disease in its *acute* form. He had been upon his bed, unable to exert a single voluntary muscle, for three or four weeks, and was taking nothing but diluent drinks with light farinaceous food. His bowels were costive; skin hot and dry; pulse 120; extremities much swollen and painful. Prescribed a cathartic, to be followed with the grain pill of opium hourly, until hilarity and perspiration should ensue, then the same dose every two or three hours, to keep the skin open.

22d. Has taken, during the interval between my visits, 16 grains; ten hourly and six at intervals of two hours. Find the pain has measurably abated; motion more free; tumefaction and redness much the same; slept but little. Pills to be continued.

23d. Has taken 12 pills; is sitting up, and able to help himself to drinks, &c. 24th. Not visited. 25th. Find he has taken 16 pills. Has slept but little, and his sleep disturbed by dreams. Walks about the room, and requires no more attention. Is ordered to continue the pills at intervals of three or six hours if necessary.

26th. This being a cheerless, drizzly morning, called to see him; found he had left his room, and on inquiry, to my surprise, learned that he arose, washed, dressed, ate his breakfast heartily and had gone to his accustomed labors. The family had very considerably remonstrated against his imprudence, but all to no effect. He said he was well and

must go to work ; and although the weather continued rainy for several days, he suffered no inconvenience. The cure, I find, by inspecting my books, cost him but four dollars.

About eight months thereafter I saw him on board the steam-boat at work. He informed me that he had not been so well for 15 years ; having been able ever since I left him, to labor daily ; having had no relapse of former complaint, from which he had rarely been previously, perfectly free.

Dec. 28th, 1836. Was called to him and found him laboring under the same affection, but confined to the superior extremities. He solicited a box of pills. I visited him but five days, when he returned to his work cured. He has not since suffered from the disease, although from his profession, that of an engineer, he is subject to great atmospherical changes in passing from the fire-room to the open deck, in all kinds of weather.

The preceding case is the only one wherein I have witnessed a relapse ; and here it was but transient. During both paroxysms, but two cathartics were necessary to keep his bowels soluble. Says he would not hesitate to give all that he can command of this world's goods rather than be without "*the pill*."

Before closing this appendix, we cannot refrain from once more earnestly calling the attention of our brethren to this most admirable plan of treatment. There is yet much remaining to be learned relative to the remedial properties of opium, and its proper mode of administration, in order to profit by its full sanative powers. It should not be indiscriminately, incautiously, or ignorantly used ; for it is indeed one of the *Sampsons* of the materia medica ; but still, that it can be more liberally employed than of late years it has been, and this, too, much to the relief of suffering humanity, we think ample evidence has been adduced.

Ere the members of the profession were so closely bound down, and so completely hedged in, each one by his favorite theory, when the clear light of experience was taken as the guide, rather than the jack o' lantern of vague hypothesis, this drug was held in higher estimation than it since has been. "Though in the present day," says Sigmond, "its virtues are not sufficiently estimated, or the art of administering it is forgotten, Murray of Gottingen has celebrated the praises of our predecessors, '*Anglorum experientia multas opii virtutes, antea ignotas, in nostrum cognitionem primum pervenisse latendum est.*' He has pointed out the first teachers of its uses, and their names may well be the glory of an intellectual body of men : Sydenham and Morton, Friend and Mead, Pringle, Whyte and Lind."

Well would it be for us, better still for our patients, did we more frequently recur to the writings of these eminent men ; learn their precepts more perfectly ; follow in their footsteps more closely. Nor should we mispend our time, were we to pursue our researches still farther ; and gather wisdom from Van Swieten, De Haen, Boerhaave and other departed worthies ; for the more we investigate the subject, and test the virtues of this article, the more shall we be convinced of its wide-spreading efficacy, and the more forcibly shall we be struck with the beauty and appropri-

ateness of the appellation conferred upon it by the followers of the faithful—"MASCH ALLAH," *the gift of God.* T. H. W.

LACERATION OF THE RECTO-VAGINAL WALL.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Since the publication of the case of laceration of the recto-vaginal wall, which you did me the honor to transfer from the American Journal into your valuable periodical, nearly three years since, I have three times repeated the operation which proved so successful in the treatment of that my first case, and with equal success. One of the cases had existed fourteen years, was distinguished by a laceration of the rectum fully three inches in extent, and very great disease of the parts affected, as well as of the constitution. In this case, too, the unfortunate lady was confined almost constantly to a recumbent posture in bed, to enable her to guard against involuntary dejections, to which the division of the sphincter muscle continually subjected her, whenever attempts were made to walk about. The other case had existed for five years, and the local and constitutional symptoms were very nearly the same, though not quite to the same extent. The last case was more recent. The subject of the case which has been published, is in the possession of excellent health, and has borne a child since the operation, without a recurrence of the accident. I find little difficulty now in performing the operation for the relief of this afflictive accident; and believe, as it is now executed, a failure is hardly possible. I would be willing to warrant success in 99 cases out of a hundred. Possibly I may draw up these cases when I have more leisure, and forward them to you.

Prince Edward C. H., Va. March 29, 1837. Yours, &c.

JOHN. P. METTAUER.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 26, 1837.

AMERICAN MEDICAL LIBRARY AND INTELLIGENCER.

THROUGH the polite attentions of Messrs. Weeks, Jordan & Co., of the Literary Rooms, No. 121 Washington street, Boston, we have been favored with No. 1, Vol. I, of this new medical periodical, under the editorial supervision of Dr. Dunglison, a gentleman eminently distinguished in the republic of knowledge for his attainments and devotion to the science of medicine. It is intended to be a concentrated record of medical science and literature. The first sixteen pages are filled with miscellaneous intelligence of an interesting character, gathered from various

sources ; and the remaining 112 pages consist of a republication, in part, of discourses on bloodletting, by James Wardrop, M.D. ; morbid conditions of the blood, by Benjamin Babington, M.D., and Dr. Stokes's theory and practice of medicine. With regard to typographical execution, the work is faultless. The subscription price is ten dollars a year, payable in advance ; and the numbers are to be issued semi-monthly.

We have felt it a duty, separately from all considerations of courtesy towards a fellow-laborer in the editorial field, to give our readers all the information in our power in relation to this new candidate for patronage, with a hope that the enterprise may find favor with the medical public.

In times past we have unhesitatingly expressed our opinion that it would be impossible to sustain, with any degree of strength, all the medical journals now in existence in the United States. Cities do not give the support which is necessary ; the country is the source from which the vitality of all these publications is derived, and their rise or fall must therefore always depend upon the prosperity of the profession scattered over the vast interior. If the price of a book is truly moderate, why there is hope for it ; but if it is necessarily high, so that, in comparison with an individual's receipts, it seems to be dear, a limited circulation must follow as a necessary result. Experience, the best and most certain of tests, in the management of periodicals, convinces us of the difficulty of continuing any one many years, unless the price is so moderate as not to be continually reminding the subscriber that he *cannot afford to take it any longer*.

For the credit of our common country, for the great and manifest advantages to be derived from the laborious research and industry of Dr. Dunglison, we hope the Library and Intelligencer will live and go down to future times.

MASSACHUSETTS HOSPITAL REPORT.

THE two following operations were performed at the hospital on the 13th instant.

The first patient operated on was a little girl five years of age. Fourteen months since, she was severely scalded on the arm and side of the face. During the cicatrization of the wound on the arm, and wrist, the integuments have contracted so that the hand has been gradually drawn forward, and at present it forms a right angle with the fore arm. The bones during this time have become distorted, and accommodated themselves to their new situation. It was thought that if the strong bands which confined the hand were divided, the bones might be gradually pressed back and made to resume their natural position.

The operation was performed by Dr. Hayward as follows. A sharp-pointed bistoury was passed through the integuments, and the cicatrix entirely removed on one side ; a transverse incision was then made across the wrist, which immediately released the hand, so as to allow it to be carried partially back into its natural situation. The wound was dressed with lint, and the hand confined to a splint so as to prevent a new contraction during the healing of the wound.

The second operation was for an enormous scirrhus tumor of the breast. The patient was a married lady, 37 years of age, from the State of Maine. Two years since, she received a blow on the upper part of the left breast, and the same night observed a slight oozing of bloody

fluid from the nipple, which at the time gave her no alarm. About two months subsequent to the accident, her attention was attracted by observing the nipple to be somewhat drawn in, and on examination, a small tumor was discovered, about the size of a hen's egg; this she thinks was not moveable. The tumor remained stationary until October last, when after wearing a tight dress she experienced a severe pain in the part, followed by a very rapid increase of the disease. This has been more particularly the case within the last five weeks, during which time the tumor, she thinks, has increased one third, and the pain has been such during the night as to prevent her from sleeping. On examination, the left breast is found to be of great size, and occupied by a large firm tumor, having all the appearance of scirrhus. The nipple is retracted, and the whole skin covering the tumor appears diseased, being thickened, and having the rough yellowish appearance presented by the rind of a lemon. The patient is very fleshy. The chances of the success of an operation in such a case appeared to be but small; it was thought, however, that her suffering might be alleviated by it, and that she might possibly recover. The probability of a favorable termination was increased by her health being good in other respects. The state of the case being represented to the patient, she decided upon an operation, which was performed by Dr. Warren a few days afterwards in the following manner.

A circular incision was made through the integuments at the circumference of the tumor, with a small-sized amputating knife. The dissection of the tumor from the pectoral muscle was then commenced on its lower side. Here some difficulty was found in separating the tumor, as from its weight, broad base, and strong adhesions, it could not be raised as the dissection advanced. On this account great caution was used, lest, in case of the ribs being diseased, the cavity of the chest should be penetrated. At one point the pectoral muscle was found to be involved in the disease, and a portion of it was removed. A single artery required ligature. The edges of the wound were dressed with simple cerate, and a compress dipped in cold water laid over its surface.

Upon cutting into the parts removed, the glands, surrounding cellular membrane, and a portion of the pectoral muscle, were found involved in the disease, which presented the ordinary appearances of scirrhus without ulceration. Immediately surrounding the nipple, and over the gland, was a quantity of lax cellular membrane, which previous to the removal of the tumor gave the sensation to the touch of an obscure fluctuation.

Opium Eating in Siam.—From the Journal of Mr. Johnson, a missionary now resident in Siam, being occasionally at Chautaboon and Baukok, we have collected the following remarks on the vice of opium eating in that country—the consumers, however, being principally Chinese.

On one of Mr. Johnson's visits to a temple, he found a number of idle and emaciated Chinese, evidently addicted to the excessive use of this powerful drug. Opium, says this gentleman, holds its victims by a much firmer grasp than alcohol, and more rapidly, too, prostrates all the energies of both body and mind. The Chinese are annually furnished with a vast amount of opium by nominal christians, who not only violate a wholesome law of the empire, in smuggling it on shore, but disgrace

the religion which they are supposed by the Chinese government to possess, by persevering in a contraband trade which absolutely makes mad men and idiots. Our own countrymen, some of them reputed of great respectability, are indeed deeply implicated in this crime of freighting a poison, which leads to certain moral insatiation, degradation and death, for their ships convey it from Hindostan, where it is principally raised, and force it on shore in spite of law or custom-house vigilance.

Circumcision.—In remarking upon this requisition of religion in the East, a gentleman now in Constantinople says that the operation is sometimes performed on a magnificent scale, and, it would seem, wholly unaccompanied by those dangerous inflammations, spoken of by some tourists, as attended with fatal consequences. It is such an honor, he informs us, to have one's child circumcised on the same day with those of the Sultan, that the children of pachas were brought for that purpose on the 20th of December last—the time Sultan Mahmoud's two eldest sons were ordained to undergo the knife in considerable state. An elegant shed, two hundred feet long, open in front, was constructed expressly for their reception at Kiat-hane, and the ceremony was performed so openly as to be seen to some extent by the multitudes of men and women without. The children received each one hundred piastres and a new suit of clothes on the occasion. They reclined on beds for twenty-four hours, and on each succeeding day gave place to others. Numbers of them were adults, who had not found it convenient to be circumcised before; and beside, some of them were proselytes. Sometimes, though very rarely, the operation proves fatal. It appears that a considerable part of the prepuce is amputated, so that those who have had this maiming in infancy, present the anomaly, in age, of never having had the part which was excised.

Transylvania Medical School.—An investigation into the affairs of the Medical Faculty of the Transylvania University has been made by the Trustees, upon charges preferred by Dr. Dudley, particularly against Dr. Caldwell, who has been unanimously dismissed—so says the Lexington Observer. On the 29th ult. the board of trustees were to re-construct the faculty; but we have not yet learned the particulars. Dr. Caldwell is certainly one of the most distinguished writers on medical subjects in this country. Of his courtesy towards others—of his decisive mode of enforcing an opinion, and of the estimation in which he is held by those who know him most intimately, we have no means of knowing. Whatever facts can hereafter be gathered in relation to the combination of circumstances which contributed to his very sudden ejection from a chair which he has held many years, shall if possible have a place in our pages.

Scarlet Fever.—From various sources, it appears that the mortality by scarlet fever, in the interior, has been, and continues to be, remarkably severe. How is it, that with all the experience physicians have had in this disease, the treatment is not more successful? It would very much gratify us to receive reports of interesting cases in detail, with the everyday treatment where the termination has been unfortunate, that some ana-

lysis may be made of the *modus operandi*, with a view to ascertaining what has been done, and what course should have been pursued. Great good would result to the profession from a frank and honest declaration of all the facts. The malady must be better managed in the United States.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of the 19th inst. you published an extract from a letter from Dr. Mauran. In the prefatory remarks by myself are these words: "I will only add, to those who do not know Dr. Mauran, that he is a gentleman of science and in extensive practice, and that his statements are worthy of full confidence. I mean that he fully believes all he states." I regret to learn that some readers have put upon this last sentence a construction disrespectful to Dr. M. Words convey different ideas to different minds; and I will not stop to show that I think such a construction cannot be fairly put upon those words. To make the matter clear, then, I beg to add the following explanation.

Dr. M.'s statements are worthy of full confidence, I said. By the next sentence I meant to add this qualification. I do not pretend that my friend is infallible. He may have been too sanguine, though I have no reason to think so. But at any rate he does not write for effect; he wishes only to advance the cause of science, and means, without exaggeration, to state what he believes to be true. Yours, A. B.

April 22, 1837.

Medical Miscellany.—A translation of the Class Book of Anatomy, last Boston edition, is being made at this time at Palermo, into the Italian language.—The medical association of this city hold their anniversary meeting next month.—Dr. Leach has been exceedingly successful in the application of Chase's truss: the demands for the instrument seem to be continually increasing.—Dr. Page's lectures in this city have been highly commended by gentlemen of science. He should be secured forthwith by some of the colleges—being one of the most prominent and promising teachers of chemistry in New England. His place of residence is Salem, Mass.—Dr. Lewis has been presented with a superb case of amputating instruments by a person who knows how to appreciate his attainments in surgical anatomy.—Dr. King's electrical apparatus, manufactured in Cornhill, is not only exceedingly beautiful, mechanically considered, but quite superior in effect. Medical electricians should have this in mind, when purchasing machines.—The inquiry is frequently made—has any one made preparation for taking the Massachusetts Medical Society's prize of five hundred dollars for rearing leeches?—The papers make mention of another case of death by *Thomsonism*, under highly aggravated circumstances.—Dr. Bradley's account of his practice in Siam, is one of the most amusing papers of the day.—What has become of the medical department of the University of Virginia?

DIED,—At Gloucester, R. I., Dr. Edmund Town Waldron, aged 71.—At Nashville, Tenn. Dr. Edward Breathitt, a distinguished citizen.—At Cincinnati, Dr. J. P. Haynes—poisoned by a servant.—At Woburn, Mass. Dr. Wm. Buxton, 33.

Medical Advertisements.

TO SUBSCRIBERS.—The following gentlemen are authorized to receive money due for the Boston Medical and Surgical Journal. Subscribers who are indebted, are requested to forward the amount due, either to the publisher or to one of these agents:—Mess. Duren & Thatcher, Bangor, Me.; Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, jr. Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Crowel, Esq. P. M. Catskill, N. Y.; S. Freeman, Esq. P. M. Williamstown, N. Y.; Mr. Charles S. Francis, bookseller, Broadway, New York; Mr. W. C. Little, bookseller, Albany, N. Y.; William A. Gillespie, M.D. Ellisville, Louisa County, Va.; Mr. L. Dwelle, Augusta, Ga.; S. Mayfield, M.D. Franklin, Tenn.; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Mess. Hedge & Lyman, Montreal, L. C.; Mr. Joseph Tardif, Quebec, L. C.

Those who receive the Journal through the agency of booksellers whose names are not given above, will of course pay them.—Subscribers at a distance, who cannot procure current \$3.00 bills, will be allowed a discount when larger ones are sent as advance payment.—Subscribers are always considered as continuing their subscription until special orders to the contrary are given.

Whole number of deaths in Boston, for the week ending April 22, 27. Males, 17—Females, 10.

Consumption, 3—typhus fever, 1—lung fever, 5—old age, 1—infantile, 1—child-bed, 1—liver complaint, 1—canker rash, 1—dropsy on the brain, 3—quinsy, 1—croup, 1—cancer, 1—inflammation of the bowels, 1—scrofula, 1—dropsy on the chest, 1—bursting bloodvessel, 1.

A BARGAIN.

A PHYSICIAN in the County of Kennebeck (Maine), wishing to leave the State, would dispose of his situation on the most reasonable terms. It is an eligible stand for business, and offers a rare opportunity for any young gentleman wishing to engage in the practice of medicine. For further information, inquire at this office—if by letter, post paid.
Feb. 1. tf

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

Franklin Street, Nov. 9, 1836.

N16—tf

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.
April 12—3t

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

Nov. 30.

MARSHALL S. PERRY, M.D.
AUGUSTUS A. GOULD, M.D.
HENRY I. BOWDITCH, M.D.
HENRY G. WILEY, M.D.

TO PHYSICIANS.

A PHYSICIAN wishing a location in a pleasant town near the centre of Worcester County, Mass., where he can command a large business, may hear of one by inquiring, personally, or by letter post-paid, at this office—the present occupant wishing to leave his business, on account of ill health.
April 19—tf

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THE
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WEDNESDAY, MAY 3, 1837.

[NO. 13.]

CANCER OF THE FACE.

[Translated for the Medical Journal, by B. B. APPLETON, Jr. from the Italian of Placido Portal, Prof. of Surgery and Obstetrics in the Royal University of Palermo, &c. &c.]

"Duo sunt præcipui Medicinæ cardines, Ratio et Observatio; observatio tamen est filum, ad quod dirigi debent Medicorum ratiocinia."—BAGLIVI.

NOTWITHSTANDING the great advances of science, the physicians of the present day can scarcely be said to have more control over this most obstinate and formidable of diseases, than the physicians of former times. After repeated observations, and the most accurate study of its pathological anatomy, can we be said to be better able to distinguish this malady in its essential characters? Or, with our greater means of information, are we better able to recognize it in its incipient stages, or extirpate it with greater dexterity or success, than our predecessors? Or, in its advanced stages, are we more able to control its progress, or alleviate its pain by the use of antiphlogistics and sedatives? Or, in fine, to distinguish it with more just discrimination from all the various morbid appearances which so closely assimilate it?

Among the various kinds of cancer, the canceroid ulcer of the face must be allowed to be pre-eminently that in which the greatest discrimination and closeness of investigation are required; since so many affections of the face, when viewed in the first period of their development, so nearly assimilate it, and are in consequence so liable to be confounded with it. All the different kinds of eating ulcers, whether phagedenic, herpetic, or scrofulous; the ulcers of the mucous membrane of the mouth, of the tongue, fauces, and nostrils; globular tumors, and a host of others of a similar nature, so nearly resemble this disease in its incipient period, that the greatest care and circumspection are necessary to distinguish them from the canceroid ulcers which attack the integuments of the face.

It often makes its appearance under the form of a small, hard and wrinkled tubercle, and sometimes under that of a sore hardly recognizable by the surgeon, because continuing in the same situation, it is often confounded, as I have remarked, with the affections which resemble it. But if it should be accidentally scratched or wounded with the razor (and it is not unfrequently exposed to this kind of injury), or stimulated by constant rubbing, or in any way irritated, it inflames and ulcerates, becomes covered with a crust, and, after some time, there is occasionally experienced a painful sense of uneasiness, attended with itching. It is

not apt to be painful at its commencement; it enlarges, however, at its base, becomes irregular at its edges, and its cavity gradually fills with fungous granulations furrowed with depressions, from which issues an ichorous discharge, possessing an odor peculiar to itself. It seldom happens that a skilful man is called at this period, still more rarely that he is summoned at the first commencement of the disease; and sometimes, if called, the erroneous practice of the surgeon suggests the indication of excitants and escharotics. The ulcer then rapidly inflames, enlarges, and speedily attacks the surrounding parts; a lancinating pain is now felt, the features of the face are changed, the appetite and sleep are destroyed, thirst becomes constant and urgent, the pulse quick and small, and continued hemorrhages ensue, to which the patient soon falls a victim.

In the last and middle periods, all the remedies employed, both externally and internally, seem to me to be fruitless; confidence ought only to be placed in soothing applications to arrest the rapid progress of the evil, since all the other means, by irritating and exasperating it, only serve to accelerate its destructive disposition. The most certain and appropriate remedy is extirpation to a sufficient extent and depth, whether it may be in the first stage of hardened tubercle, or in the commencement of ulceration; in this case, immediately after the extirpation the actual cautery should be applied, with a view to the destruction of the stratum of tissue beneath, which having sympathized in the morbid alteration, might otherwise tend to reproduce the disease. This I have often found effectual in the first periods of the disease, because then the ulceration exists in the form of the most simple local cancer, which continues circumscribed for so long a time that its deleterious action is not developed.

A lady about 40 years of age had been affected for some months with this disease upon the left eyebrow; it assumed the form of a hard, loathsome pustule, ulcerous and itching, which subsequently degenerated into an irregular wound, presenting all the appearances of a canceroid ulcer at its commencement. I extirpated this, and treated the wound with simple dressings. A very short time after the cicatrization, the disease reappeared. I was obliged immediately to cut deeper and apply the cautery,* after which the disease disappeared and did not again return. I subsequently adopted this same method with success in two other cases of this disorder, one of which made its appearance in the neck, and the other in the upper lip. The disease in the latter case was confined to the cellular tissue situated between the mucous membrane and the skin, not extending so far as the cavity of the mouth. The ulcer in this case was not deep, although large and irregular, and the subjacent mucous follicles were in some degree changed from their usual appearance. The operation which I practised was very fortunate in its issue, a firm cicatrix forming in a few days, without leaving the slightest deformity. The method of operating was as follows. I removed the cancer by two elliptical incisions in the substance of the lip, preserving the commissure

* I apprehended that the application of the actual cautery, by exciting a great degree of inflammation in the adjacent pericranium, would produce sympathetically an inflammation of the dura mater. I therefore employed it with great caution, and took care to adopt afterwards active local and internal antiphlogistic treatment.

of the mouth, and afterwards passed over the wound an iron heated to whiteness, after which simple dressings and compresses were applied, and these supported by a double-headed roller properly secured. The cicatrization went on well, the granulations were healthy, and the wound produced by the operation healed without any deformity.

In the May of 1836, I extirpated, in the Great Hospital, a cancrroid from the right forearm. Two elliptical incisions were made as above, and the wound united by the first intention, by means of adhesive straps. The patient left the hospital shortly after, perfectly cured.

The excision, then, must be considered the most efficacious remedy when employed in season; every other method has proved fruitless.

The following is the only case of the kind which I ever recollect to have met with. Salvatore Marchese, a patient of the Military Hospital, was affected with cancer of the nose. He had applied to it an escharotic paste, given to him by a mendicant capuchin, one of the ingredients of which was cantharides. Immediately after its application, a phlegmonous erysipelas ensued which involved the cancer, a perfect line of demarcation was formed between the diseased and sound parts, and the result was a perfect cure of the disease.

It by no means, however, follows from this, that the use of caustic is the preferable method in this disease. On the contrary, according to the principles of correct practice, the application of caustic to the affected part is almost always followed by severe danger, and in the first periods by a speedy development of the disease. The inflammation excited, combined with an organic or hereditary predisposition, forms often the proximate cause of malignant cancer.

In the treatment of the cancrroid ulcer of the face, the antiphlogistic method, and especially local bleeding, together with soothing narcotics, have been advantageously resorted to, to calm the nervous irritation which always accompanies these affections. In all the individuals presented to me in the last stages of this disorder, where I have supposed that the extirpation would be either useless or injurious, I have advised only the above system of treatment. By diminishing the local pain, it has not unfrequently served to arrest the rapid progress of the disease. By this system the advances of the cancer are often delayed, and the patients die perhaps of some other disease, as experience has often shown. The beneficial results of this treatment have not been confined to the cancerous affections of the face, but have also happened to cancers generated in some internal part of the body.

After several observations of this kind, I think I may assert that cancer is not necessarily, though it is generally, fatal.

REMARKS ON ITINERANTS.

[Communicated for the Boston Medical and Surgical Journal.]

NO. VIII.—CONCLUSION.

WE have come to this at last—that is, the conclusion. We have spent our time, and taxed our cranium, until we have come to number

eight, and what gain have we? None; for none but ourselves have read our report. Supposing we should continue our lucubrations to number eighty or eight hundred, thinking, perchance, they might diffuse some light—what would be our gain? Nothing, for none but our own brotherhood read medical publications. But suppose we should place them in the way of our other brothers, so that they could behold themselves as in a glass—darkly behold themselves. Should we not gain something? Nothing; for but few of these, our illegitimate brethren, can read. Is there no way, then, to stay the infatuation of empiricism—to secure the public from such unparalleled imposition? None. At least—I will say none. Do not the knights of lobelia, steam and cayenne, dare us to our very teeth, and prophesy our downfall? “We are the only legitimates,” say they. “Our cause is gaining apace. Soon we shall drive away all the poticaries.” Is there no way to prevent this? But what will become of all the people? Who cares for the people? If they *will* be such dupes, be so cheated out of their health and money, why let them wag. Why should we be troubled?

But there is a spark of philanthropy in the human breast that cannot be quenched. Ignorance and superstition feel it not; selfishness hides it beneath a load of its own covetousness; hatred keeps it far away. Those, however, who have drank at the fountain of understanding, have drawn in something that has excited it into activity. Generally the more information a person has, the more feeling he has for his brethren of the human family. Most commonly, those who have attended to the study of medicine, are not only a well-informed class of people, but persons who are actuated by liberal sentiments. They feel interested for the welfare of their brethren of the human family, and are solicitous to elevate them to their proper dignity. The ignorance which degrades them they wish to see removed, both for the sake of seeing them a more enlightened race of beings, and of lifting them beyond the reach of imposition. They are mortified at beholding what has ever been considered the “enlightened community of New England and of America,” running mad with empiricism. They have feelings, perhaps, connected with their pecuniary circumstances. It would be strange if they had not. They cannot, therefore, look about them with indifference, and say “Who cares?” &c.

But there is no remedy, say you. Let us think again upon the subject. The pen is a powerful instrument, when wielded by a person of judgment and talent, experience and tact. Power hath it, even to turn the world upside down. This, however, is not desired. To banish ignorance and diffuse light, is the object. Wield it, then, with this intent. This is a good cause, and it is more potent in a good cause than in a bad one. By it kings have been made to tremble upon their thrones, tyrants to yield their necks to the steel, and armies to stop in their career of conquest. Not only these things have been effected by it, but a new state of things in every respect has been brought about. A nation has been lifted from a state of degradation by it, anarchy has been found to yield its sway, superstition to hide itself, idolatry and irreligion to yield their domain. What is there that it hath not done? Give not

up, then, to charlatanism. Wield the weapon that is calculated to drive it far away.

But if none will read but those who are the most intimately concerned, what will be the use? They will read. If they will not or cannot, they will hear. Place what is intended for them to see in the proper vehicle, and, my word for it, if it compels them not to turn away their eyes, it will cause such a tingling in their ears as to haunt them in their nightly and daily dreams. The popular newspapers are the vehicles which should contain these productions. Wornwood and gall should be mingled with the ink that is to be used; sarcasm, cutting as Greenland hills, should enter into the spirit of what is written; and ridicule, deadly as mildew, should trail from the hand that indites. This would be calculated to remove every particle of the imposition we are talking about; to eradicate it, root and branch, from the land; and there is no spirit in us if we resort not to the means in our power. **F.**

OPERATIONS FOR THE EXCISION OF THE RIBS.

[Communicated for the Boston Medical and Surgical Journal.]

THE two following cases possess great interest, not only from their rarity, but also from the severity of the operation, and the importance of the parts involved in the disease. Both operations have been done by Dr. Warren during the last fourteen months. One of the patients has long since recovered, and the other is now in a state of convalescence.

The first case in which this operation was performed, was for a caries of the ribs. The patient was a gentleman of this city, 40 years of age, a patient of Dr. Bigelow. In the early part of his life he was subject to severe attacks of asthma; this he has been free from the last twelve years, during which time he has enjoyed good health, until the summer of 1834, when he had the typhus fever. On his recovery, after an illness of six weeks, he was troubled with a severe pain in the right side, in the region of the angle of the sixth and seventh ribs. A small tumor shortly made its appearance at this point, which, after having remained stationary for some months, finally opened and discharged a quantity of sanious pus. In the spring of 1835, Dr. Warren was consulted on account of the fistulous cavity which had remained since the opening of the abscess. Upon examination, a small aperture was discovered on the side of the chest, large enough to admit a common-sized probe, and situated over the point where the sixth and seventh ribs are joined to their cartilages. Upon passing a probe into this aperture, it penetrated rather more than an inch in a direction downwards, and backwards, where it was resisted by a firm, but not osseous substance. This examination gave great pain, the parts being extremely sensitive. During the following winter, the pains about the ribs increased, the respiration began to be more or less affected, and the patient was occasionally troubled with hicough, which seemed to indicate some connection of the diaphragm with the affected part.

Finding himself prevented from attending to his business, gradually losing strength, and, added to this, much suffering attending the disease, he finally determined to submit himself to an operation.

The state of the patient a few days previous to the operation, was as follows. He complains of great weakness and inability to move about; his digestion is not good; he has a constant pain in the region of the disease, that is at the point where the sixth and seventh ribs are joined to their cartilages. Here there is a large, hard, immoveable tumor, having on its surface a fistulous opening, with indurated edges. On passing a probe into this aperture, the depth of the cavity seems to have greatly increased since the examination made in the preceding spring; as much apparently from the deposition of a new substance, external to the ribs, as from an extension of the disease inwards, towards the pleura; the probe encounters at the extremity of this cavity, first what appeared to be the cartilage, and further on, the bony part of the rib, evidently in a carious state.

The operation was performed on the 21st of January, in presence of a number of the medical profession of Boston. The patient was placed on a table, in a horizontal position. An incision four inches in length, was made in an oblique direction, over the sixth rib, joined by two incisions at either extremity of the first, so as by this means to form two quadrangular flaps.

The integuments were now dissected up, a matter of some difficulty, from their very strong adhesions to the parts below, and a firm cartilaginous substance exposed, forming a large tumor, destroying the natural appearance of the parts, and rendering it difficult to determine in which direction the diseased ribs and cartilages lay. After much time and patience, this substance was carefully removed, partly by shaving it off with the scalpel, and by occasionally removing portions of it with the cutting forceps, and the diseased parts at length exposed. Both the sixth and seventh ribs were found to be carious, their cartilages also being involved. The ribs were now carefully isolated from the surrounding parts, a probe passed under them, and the pleura, which was much thickened, and a part of the diaphragm, separated from their internal surfaces. Three inches of the seventh rib, and its cartilage, with two inches of the sixth, were removed by the chain saw and cutting forceps. There was very little hemorrhage, and no appearance of bleeding from the intercostal arteries, which undoubtedly had become obliterated in the course of the disease.

The external wound, which had been somewhat enlarged in the course of the operation, was brought together by two or three points of suture, and by adhesive straps. Although the operation lasted a long time, and some parts of it were exceedingly painful, it was borne with great fortitude. The patient did not seem greatly exhausted.

On the second day after the operation, he had a severe pleuritic attack. This yielded to a copious bleeding, and in the course of two weeks he was able to walk about his chamber. From exerting himself too much, he was attacked with an erythematous affection between the wound and *os ilii*. This terminated in a partial suppuration. From the conse-

quences of this attack he very slowly recovered. The following summer he went into the country, still suffering occasionally with some pain about the ribs. During his residence in the country, his health gradually improved; and on his return to town, the wound had entirely healed, and he is now in the full enjoyment of health.

One of the greatest difficulties in the operation was the removal of the cartilaginous formation, which covered the ribs, and destroyed all the anatomical signs which were necessary for prosecuting the operation with anything like facility. This occupied much time, and the parts, contrary to what would naturally be supposed, were endowed with an excessive degree of sensibility. A portion of the diaphragm and pleura, was exposed by the operation. The latter, during the slow inflammation which had been going on, had become greatly thickened; if this had not been the case, it would have been very difficult to have separated the pleura, without cutting into the cavity of the chest.

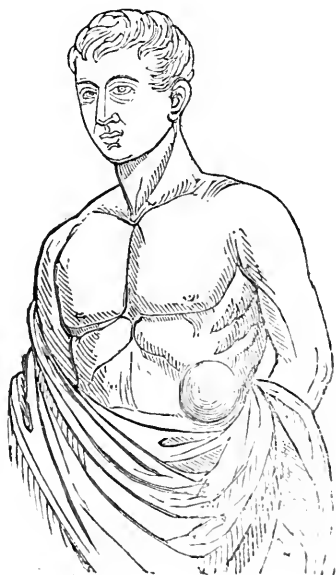
The other operation in which excision of a portion of the ribs was practised, was in a case of osteo-sarcoma—performed by Dr. Warren in the course of the last month. The patient was a stout, healthy person, a surveyor, from Upper Canada. Six years since, and without any previous injury, that he was aware of, a small, hard tumor appeared over the angle of the ninth or tenth rib. From that time to the present, it has gradually increased in size—having, however, daily, less of that bony hardness, which characterized it at first.

It was of a circular form, about six inches in diameter, and having an elevation above the ribs of between two and three inches. Its situation was on the lower part of the chest, covering a portion of the seventh, eighth, ninth and tenth ribs—to all of which it appeared attached, but more firmly to the ninth, which was most affected by its movements. The skin covering the tumor was perfectly natural, both in color and consistence, and the patient complained of no inconvenience or suffering from the disease.

The accompanying wood cut will give some idea of the relative size and situation of the tumor.

The operation was performed on the 27th of March, 1837, in the following manner. The patient was placed on a table, a little inclined to the right, with a pillow under the chest, so as to cause a projection of the left side of the thorax.

The operation was commenced by a longitudinal incision about five inches in length, directly over the tumor. This was joined by another transverse incision, at right angles with



its central part—the two incisions being well represented by the letter T. The flap, thus formed, being dissected up, the insertions of the external oblique were exposed, and dissected off, not without some difficulty, however, on account of its strong contractions. The latissimus dorsi was now discovered passing over the outer edge of the tumor, and the same, and in fact more trouble was experienced in dividing this muscle, than the preceding; the dissection of it was excessively painful to the patient, and was followed by some hemorrhage. The tumor being at length perfectly exposed, was found to originate from the ninth rib, but was strongly adherent to the seventh, eighth and tenth. A knife was now carefully insinuated under the tumor, and its adhesions to the ribs dissected off, great care being taken not to cut through the intercostal muscle and penetrate the chest. As the attachment of the tumor to the ninth rib was not by its whole base, it was thought that more of the rib might be saved, by first detaching the tumor, and afterwards cutting out the rib, than by removing both the tumor and rib together. It was therefore cut off from the rib at about an inch distance from its cartilage, and the morbid origin of the tumor exposed.

The intercostals were now cut through, the diaphragm carefully separated from the rib and pleura, and a director passed under, at the points where the rib was to be divided. The bone was next cut through with the cutting forceps, and about two inches in length of it removed, with a portion of its cartilage. The diaphragm immediately rose up, forming a hernia between the ribs. The hemorrhage was not great—most of it being from the divided muscles. No artery bled sufficiently to require being secured by ligature. The wound was brought together by sutures, and adhesive plasters. The patient was very little exhausted by the operation. A considerable degree of febrile excitement followed, requiring the employment of copious bleeding.

The wound has united nearly throughout by the first intention, and the patient is rapidly gaining strength, without the occurrence of any bad symptoms.

In this case, unlike the preceding, very little thickening of the parts lying under the ribs had taken place. This rendered the difficulty and danger much greater, in separating the pleura and diaphragm from their adhesions to the ribs, which, however, was finally accomplished without penetrating the chest.

Both of these operations sufficiently demonstrate that the excision of the ribs, with sufficient precautions, may be practised with comparative safety.

M.

April 28th, 1837.

MEDICAL BOTANY.

[Communicated for the Boston Medical and Surgical Journal.]

NO. IV.—*ASTER PUNICEUS*. STAR FLOWER.

SEX. SYST.—Class syngenesia; order polygamia superflua. *Generic Characteristics.*—Calyx imbricate, the inferior scales spreading; *egect*

simple, pilose; *receptacle* scrobiculate; *florets of the ray* usually more than ten; *color* white or purple.

The *A. Puniceus* is a popular remedy in many parts of the country, and the shops are sometimes supplied with it. The root is the part used. It is called *cuckoo-ash*, *cold-water root*, *cold-water valerian*, &c. It is a white, fibrous root, of an aromatic odor, when recent, and an agreeably pungent, aromatic taste. It is used, mostly, as a mild stimulant and diaphoretic, in chronic rheumatism, jaundice and dropsical affections. This is one of the most important remedies of the "*root doctor*," and is often extolled for its "wonderful cures." I have known it used, by order of physicians, to some advantage, particularly in the paralytic affections of old persons. Other species of the *Aster* are often substituted for this, and, probably, with the same result. It is given in tincture or infusion, and may be used freely without danger.

NO. V.—SYMPLOCARPUS. SKUNK CABBAGE.

Synonyms. *Dracontium Fœtidum*, *Ictodes Fœtidus*, &c. Dr. Wood says the name *Symplocarpus* ought to be retained.

Sex. Syst.—Class tetrandia; order monogynia. *Symplocarpus Fœtida*, *Torrey*.

This singular plant blossoms in February, March and April, and its flowers may be found in May. Before its leaves appear in spring, its ventricose *spatha* may be found inclosing a somewhat globose *spadix*, studded with minute, perfect flowers. These consist of a monophyllous, deeply-four parted, persistent calyx, four stamens, a style and stigma, and a single seed imbedded in the spongy receptacle.

It grows abundantly in the southern parts of New England, but, I believe, does not inhabit the cold and mountainous parts of Vermont and New Hampshire. Its value is well known to many physicians in relieving nervous irritation and spasmodic affections. It sometimes operates effectually as an expectorant; but its chief remedial agency in coughs seems to depend on its properties as a nervine and antispasmodic. It has been used successfully in asthma, chronic rheumatism and dropsy, and may perhaps be of some value in whooping cough. It is often very useful in relieving palpitation, unconnected with structural derangement of the heart. Dr. Thatcher has used it with advantage in hysteria. Dose, of the root in powder, from 10 to 30 grains.

Cambridge, April 25th, 1837.

S. A. T.

FOREIGN BODY IN THE BRONCHIAL TUBE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I observed in your Journal of March 15th, the report of a boy, aged three years, who from the right bronchia coughed up an eight-penny cut nail, which had remained there thirty-six days. Since noticing the report of that case, I have thought that the following might not be uninteresting to your readers. On the evening of the 10th day of Feb-

ruary last, three artificial teeth in one block, with two wooden pivots, separated from the jaw of Dr. T., of this town, and passed, whilst he was coughing, down the trachea and lodged near the bifurcation of the right bronchia. After remaining there forty-six days, they were coughed up with about half a tea-cup of purulent matter. The length of the teeth and pivots was 5-8 of an inch, and the breadth of the block of teeth 7-8 of an inch. The symptoms during the first week were loss of appetite, occasional irritative cough, difficulty of breathing, with soreness in the right side. After that time, in the morning he had severe paroxysms of coughing, expectorating from a pint to a pint and a half, which was of a greenish color. During the last two weeks of the teeth remaining there, he felt their irritation very sensibly whilst coughing. Throughout, his breath was offensive. From the 28th of March, the time they were ejected, to the present date, he has raised about half a pint per diem. His strength has gradually increased, and within a few days he has been able to ride out.

The termination of this case shall appear through the columns of the Journal at some future time.

Derry, N. H., April 21, 1837.

Yours respectfully,

THOMAS WALLACE.

PROSTITUTION IN PARIS.

M. P. DUCHATELET, M.D., has lately published a work on this subject, which, though in many respects abounding in the most horrid and disgusting details, is otherwise full of interest to the medical philosopher. From a table which shows the number of prostitutes annually registered in Paris from 1812 to 1832 inclusive, it appears that in the former year there were 15,523; and in the latter, no less than 42,699 of these abandoned wretches were registered and licensed for this deplorable trade! With regard to the former occupations of these females, our author remarks that the more sedentary the avocations, the more uncertain the employment, and the more congregated the employés, the more nutriment is furnished to the destructive leaven of prostitution. The state of education, as might have been expected, was found to be very low among them, one third being incapable of writing their own names. The proportion among them who were originally illegitimates, was only 1 in 4 in Paris, and much less in the departments. Their ages varied from 12 years to 50. Some appear to have been allowed to inscribe their names at the age of 10 or 11. The causes of prostitution were found to be numerous. Almost all acknowledged that they had led an irregular life before becoming actual prostitutes on the town, and nearly all were deflowered previously. Among the primary causes was IDLENESS! Some who came in to inscribe their names had not tasted food for some days before making up their minds to the dire alternative. The other causes mentioned by Mons. D., are seduction, domestic chagrin and bad treatment, long sojourn in hospitals, the misconduct and bad example of parents, and loss of employment and want. The latter is the most often accused by those who inscribe their names on the black list of prostitu-

tion. The salaries of females employed in dress work, and many other sedentary occupations, are only sufficient to procure subsistence for the time, and when any circumstance throws them out of work, they imagine themselves forced to go on the town or starve. It is often found that mothers, abandoned by their husbands, have taken to prostitution for the support of their children—and girls for the support of their aged parents. The following particulars are curious and melancholy. Out 5183 inscriptions, there were 164 instances of two sisters inscribing at the same time—4 instances of three sisters inscribing—3 instances of four sisters entering at once on this wretched system of life. There were 16 instances of mother and daughter inscribing together—4 of aunt and niece—22 of cousins going to the same office for the same purpose.

An inquiry into the manners and habits of prostitutes is considered by our author as of the utmost importance, as little amelioration among them can be expected without a knowledge on this subject. They appear, superficially, to delight in their profession, and to be more than usually happy. But in prisons or hospitals, when left to reflection, they afford incontestible proofs of the misery which presses on their souls while they are forced to wear the semblance of happiness. Conscious of their degradation, the sight of modest women is insupportable, and, by a kind of involuntary revengeful impulse, they are inclined to insult them. Many instances have been known of their becoming insane from reflection on their wretched state. They are in general profoundly ignorant of all religious duties, and destitute of religious feelings. Many of them, however, by a kind of instinct, are taken with devotional feelings at the sight of funerals or when on the bed of death. In their external behavior, great improvement has taken place within the last few years. Intemperance among them is almost universal. In moments of sadness they fly to stimulants, and the habit, once formed, is never afterwards shaken off. The habit of *malpropreté* and mendacity is also nearly universal. One good quality among them is their universal disposition to assist each other in misfortune, sickness or distress. This generous sentiment is probably engendered by the conviction that they are a class abandoned and despised by the world, and consequently that they have nothing to hope but from each other. This sympathy, however, often extends to others; and many prostitutes support their aged parents or distressed sisters out of their miserable earnings. They are not anxious to avoid pregnancy, being sure of succor from their companions in their time of need. They make excellent mothers and nurses. An indifference, amounting to loathing, generally soon takes place in regard to the illicit and promiscuous intercourse with the other sex, and the practice of selecting some favorite, to whom they become strongly attached for a time, is almost universal. This attachment is so strong that the most tyrannical treatment from their paramours will not cause them to rebel or part from them. A considerable number of young men in Paris have no other means of subsistence than the wages of prostitution earned by these *filles publiques*!

In classifying these abandoned creatures, our author alludes to three genera, in the higher classes, the most dangerous to society, who are not

licensed by the police. These he calls "*Femmes Gallantes*," "*Femmes à Parties*," and "*Femmes des Spectacles et des Theatres*." The "*Filles en Carte*" are those who are registered and licensed by the police, and are subjected to periodical examinations by authorized medical inspectors. Among the latter there are also numerous grades.

The embonpoint and brilliant health of a great portion of the Parisian prostitutes, which have been attributed by many to the frequent use of mercury, are thought by Dr. D. to be owing to their inactivity of life, rich food, and frequent use of the warm bath. The meagre and emaciated exceptions he accounts for by poverty and hunger, or constitutional dispositions. The hoarse and discordant tones of the voice in prostitutes, which so often crucify the ears of listeners, are observed most frequently among those who linger around the doors of cabarets, who are often intoxicated, and who then indulge in loud vociferations.

Among the physiological considerations treated of by our author, are several which are important to the medico-legal inquirer. An immense experience in the examination of prostitutes, has made him very doubtful and timid as to the proofs of virginity, and also of defloration. Several instances are mentioned by him, in which gross mistakes were made by those most able to decide by examination. He also refers to a new sign of pregnancy discovered by M. Jacquemin, which consists of a deep violet tint, sometimes like the lees of wine, presented by the whole mucous membrane of the vagina when utero-gestation is going on. This sign has never failed him, and he relies on it with the most implicit confidence.

The work of Dr. Duchatelet is in two vols., and an analysis of about half of the first vol. is given in the *Medico-Chirurgical Review*, from which it has been abbreviated as above.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 3, 1837.

BOSTON NOMENCLATURE OF DISEASES.

IN consequence of the imperfect manner of constructing the Boston bills of mortality, the following circular, accompanied by resolutions of the City Council, was addressed to the practitioners of Boston, by the Mayor, which if strictly adhered to, will obviate all the difficulties complained of under the old system.

City of Boston, February 16, 1837.

Sir :—I have the honor to send you herewith certain resolutions which have been adopted by the City Council, together with several copies of nomenclatures of diseases and of blank returns of deaths. You are respectfully requested by the City Government to fill the blanks in the certificate of returns, on the death of any of your patients, or of any person who has had no attending physician, to whom you may be called, accord-

ing to the intention of these resolutions, and cause the same to be sent to the Superintendent of Burial Grounds, in the manner prescribed therein.

Yours respectfully,

SAMUEL A. ELIOT, Mayor.

Resolved, That every physician be requested to make a true return to the Superintendent of Burial Grounds, of every death that shall occur in his practice, within twenty-four hours after such death shall take place, in the following manner, viz. : It shall be the duty of every Funeral Undertaker to call on the physician who attended the deceased, and obtain such a certificate of return, and thus report the disease.

Resolved, That in cases of deaths from accidents, or of deaths where there has been no attending physician, the said undertakers be directed to request the services of any physician, to inquire into the circumstances of such death or deaths, and then give his opinion according to the above mentioned form ; excepting, however, cases of suicide and homicide, in which a Coroner's inquest shall, of course, be the return.

Nomenclature prepared by the Boston Medical Association.—Abortion ; abscess—in the brain, in the lungs, in the liver, in the pleura, lumbar, psoas, etc. ; aneurism—of the heart, of the aorta, of other arteries ; angina pectoris ; apoplexy ; asthma ; brain—diseases of ; burns and scalds ; cachexy ; cancer—of the breast, of the uterus, of the rectum, of the tongue, etc. ; carbuncle ; caries ; casualty ; catalepsy ; catarrh ; childbed ; chlorosis ; cholera—bilious, or common, infantum, malignant ; colic—bilious, or common, painters' ; concussion of the brain ; consumption ; contusion ; convulsions ; cramp in the stomach ; croup ; delirium tremens ; diabetes ; diarrhœa—acute, chronic ; dislocation of the spine, etc. ; drinking cold water ; dropsy—in the head, in the chest, in the abdomen ; drowned ; dysentery—acute, chronic ; dyspepsy ; epilepsy ; erysipelas ; feebleness at birth ; fever—intermittent, remittent, inflammatory, typhus, spotted, gastric, puerperal, yellow ; fistula in ano ; fracture—of the skull, of the ribs, of the spine, etc. ; frozen ; fungus hæmatodes ; gangrene—of the mouth, etc., dry ; gout ; gravel ; hæmorrhage—from the lungs, from the bowels, from the stomach, from the uterus, etc. ; hanged ; heart, disease of ; hernia ; hooping cough ; hydrophobia ; imperforate anus ; inflammation—of the brain, of the heart, of the pericardium, of the larynx, of the lungs, of the pleura, of the peritoneum, of the stomach, of the bowels, of the liver, of the spleen, of the kidney, of the bladder, of the uterus, of the veins, of the absorbents, etc. ; influenza ; intoxication ; intussusception ; jaundice ; marasmus ; measles ; melæna ; menorrhagia ; neuralgia ; old age ; palsy ; poison ; prolapsus of the uterus ; purpura ; retroversion of the uterus ; rheumatism ; rickets ; scarlatina ; scirrhus—of the stomach, of the rectum, etc. ; serofula ; scurvy ; small-pox ; sorethroat—inflammatory, ulcerated, malignant ; spine, disease of ; St. Vitus's dance ; stillborn ; stone ; strangury ; stricture—of the œsophagus, of rectum, etc. ; stroke of the sun ; suffocation—by charcoal, etc. ; suicide—by hanging, by drowning, etc. ; syphilis ; teething ; tetanus ; tumor [the nature and situation to be mentioned] ; ulcer ; urine—suppression of, retention of ; varioloid ; white swelling—of the knee, etc. ; worms—tapeworm, etc. ; wound.

Effects of Coffee-drinking on Stature.—A singular property has recently been ascribed to coffee, when drank habitually from early childhood to

the age of puberty, which it is worth while to examine with physiological accuracy. It is said that the effect is to prevent that development of the bones, which would take place were this delicious article never introduced into the stomach. That it acts in this way, in every case, is certainly questionable; some individuals grow exceedingly tall, and would, were they to drink strong coffee every hour in the twenty-four, the first ten years of their existence; but no one will deny that out of the entire population of any particular district which might be selected, a majority of the whole, living in the ordinary mode—that is, using coffee—would fall below the median stature of five feet nine inches. Scarcely one man in seven hundred, on the average, in New England, measures six feet—and perhaps those towering above that altitude are hardly in the ratio of one to eighteen thousand. Before and for some years after the American Revolution, travellers uniformly spoke of the yankees as being a tall, well-built race of men. The females were equally distinguished for their fine, tall, elastic figures. The old men of the present day, who rarely tasted coffee in their youth, its use then being exceedingly limited, as a body are taller than any equal number of men, taken promiscuously from the trades and professions of these degenerate times. All this difference is now imputed by some to the stinting influence of coffee. If coffee-drinking in this climate does prevent children from being as tall as they were originally designed to be—parents, ambitious of practising upon the first principles of calisthenics, had better return to the old-fashioned, though excellent and appropriate dish of bread and milk, which under ordinary circumstances never failed to give health, height and happiness to those who were reared upon it.

Any facts, which may be produced to show that this theory is either incorrect or otherwise, would much oblige us.

Imitation of Anatomical Specimens.—MM. Thibet and Rameana have invented a composition which may be moulded with much greater facility than plaster, and which perfectly represents the anatomical subjects which require to be imitated; once hardened, it resists pressure, damp, and heat equal to boiling water. Each part is painted in oil, of the proper colors, and then varnished, so that it may be washed without injury.

Spirit in the Stomach.—A case of violent death was referred to at a meeting of the Westminster Medical Society on the 4th of February last, in which it was decided, on a post-mortem examination, 30 hours after death, that the individual was not intoxicated when she received the fatal blow, because no spirit was found in the stomach. The woman had lived several hours after the alleged intoxication. A member mentioned some experiments detailed by Dr. Andrew Combe, in which it was proved that ardent spirit never remained in the stomach for more than half an hour. Dr. Brown stated that a solution of opium could not be detected in the stomach after a period of six hours, and he should consider that the presence of spirit would continue about as long. Dr. Bureaud Riouffrey alluded to some experiments made by Magendie with ether, and also with spirit, upon a guinea-pig, in which it was found that those substances, when introduced into the stomach, through a tube, the œsophagus being afterwards tied, escaped in the course of half an hour by the lungs.

Connecticut Medical Society.—The annual convention of the President and Fellows of the Connecticut Medical Society will be held in Hartford on Wednesday, May 10th, at 9 o'clock, A. M. The following is a list of the Fellows elected for the ensuing year :—

Hartford County.—David S. Dodge, Sumner Ives, Ralph Carter, Henry Holmes, Earl Loomis.

New Haven County.—Reynold Webb, Henry Bronson, Josiah M. Colburn, Nathan B. Ives, John H. Kain.

New London County.—John O. Miner, Avery Downer, James Rogers, William Hyde, Dyer T. Brainard.

Fairfield County.—Jeremiah T. Denison, Ezra P. Bennett, Elijah B. Middlebrook, Rufus Blakeman, John Judson.

Windham County.—Andrew Harris, Daniel A. Hovey, William Witter, Orrin Witter, John H. Simmons.

Litchfield County.—Norman Lyman, Josiah G. Beckwith, Luther Ticknor, Johnson C. Hatch, Gamaliel H. St. John.

Middlesex County.—Charles Woodward, Thomas Miner, 2d, Asa M. Holt.

Tolland County.—Alvan Talcott, William H. Richardson, Oliver K. Isham.

Cutaneous Affection.—Dr. Addison mentioned a curious case, at a meeting of the Westminster Medical Society, in which a young man suffered at the same time (according to the arbitrary distinctions made by authors) from three distinct cutaneous affections—erythema nodosum, erythema papulatum, and herpes. The patient was healthy, but had a delicate skin. It was impossible, he said, to suppose that these were there distinct diseases, depending on distinct causes ; but that, on the contrary, they were identical, the character of the eruptions being modified by the intensity of the affection and the peculiarity of the tissue in which they occurred.

Medical Miscellany.—Daniel Brackett, who recently died at Newmarket, N. H. was supposed to have been the largest man in the world. His weight was 560 lbs. He was nearly six feet high, and measured seven feet and ten inches round the body.—Mr. Russell, a surgeon of St. Bartholomew's, recently lost his life by a scratch made by a bone of a body he was dissecting.—Dr. Waters Smith goes out surgeon, and Dr. William M. Wood passed assistant surgeon, of the U. S. Ship Independence, about to take the American Minister to Russia.—Of seven convicts sent to Sing Sing Prison, N. Y., in March, four are said to have died of the jail fever, contracted at Bellevue.—The annual meeting of the Boston Medical Association, was held at the College, Mason street, on Monday last, May 1st, at 4, P. M.—Dr. Richard Barnum, of Raleigh, N. C., on an indictment for poisoning his wife, has been acquitted.—A case of smallpox exists in New Bedford.—Dr. Chaplin, Cambridgeport, has opened a private asylum for the reception of lunatics.—Dr. Dunglison's second number of the new Journal and Library, is even better than the first, and is deserving of patronage.—Twenty deaths by consumption were reported in Philadelphia last week.—A boy having fell down on the Boulevard du Temple, at Paris, with apoplexy, the physician who was sent for excused himself by saying he was *en dishabille*, and had not yet

taken his *dejeuner a la fourchette* ; the patient expired for want of a lancet. —Smallpox is making dreadful destruction in some of the West India Islands.—The Medical College of Charleston, S. C. held its annual commencement on the 24th of March. Six students were graduated doctors of medicine.

DIED,—At Fredonia, N. Y., Dr. L. W. Caryl, formerly of Boston.

Whole number of deaths in Boston, for the week ending April 29. Males, 15—Females, 14.

Consumption, 2—infantile, 1—cancer, 2—lung fever, 5—croup, 2—quinsy, 1—tumor, 1—marasmus, 1—old age, 3—typhus fever, 2—apoplexy, 1—intemperance, 1—dropsy on the chest, 1—intermittent fever, 1—suicide, 1—teething, 1—inflammation of the brain, 1—dropsy on the brain, 1—scrofula, 1—stillborn, 2.

TO PHYSICIANS.

A PHYSICIAN wishing a location in a pleasant town near the centre of Worcester County, Mass., where he can command a large business, may hear of one by inquiring, personally, or by letter post-paid, at this office—the present occupant wishing to leave his business, on account of ill health.

April 19—tf

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

April 12—3t

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

MARSHALL S. PERRY, M.D.

AUGUSTUS A. GOULD, M.D.

HENRY I. BOWDITCH, M.D.

HENRY G. WILEY, M.D.

Nov. 30.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely picked in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

Boston, Oct. 7, 1836.

tf—Oct. 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, MAY 10, 1837.

[NO. 14.]

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.—NO. II.

BY DAVID KING, JR., M.D. NEWPORT.

[Communicated for the Boston Medical and Surgical Journal.]

AT a meeting of the FISKE FUND TRUSTEES, held at *Providence, R. I.*, on the 6th day of June, A. D. 1836, it was decided that the Dissertation bearing the motto, "*Opinionum Commenta delet dies, Naturæ judicia confirmat*," and which, on breaking the seal of the accompanying letter, was found to be written by David King, Jr., M.D., of Newport, was entitled to the premium of *forty dollars* offered for the best Dissertation on the question, "What are the causes and nature of Purpura Hæmorrhagica, and the best mode of treatment to be employed therein?" In awarding the premium to this Dissertation, neither the Trustees nor the Rhode Island Medical Society hold themselves responsible for the doctrines herein inculcated, treatment recommended, or opinions advanced.

Signed,

CHARLES E. ELDRIDGE,
SAMUEL WEST,
WILLIAM G. SHAW.

"What are the causes and nature of PURPURA HÆMORRHAGICA, and the best mode of treatment to be employed therein?"

The history of Purpura Hæmorrhagica, cannot be traced back to a remote antiquity. Willan* and Bateman† have exhibited much learning in regard to the descriptions of it, by the most distinguished writers of the 16th, 17th, and 18th centuries. From its first notice by Amatus Lusitanus, in 1550, who described it under the denomination of "*Morbus Pulicaris sine febre*," to the time of Willan, who designated it by the term "*Purpura Hæmorrhagica*," the disease was noticed by writers under a variety of names. In the north of Europe, and Great Britain, where the scurvy prevailed, very generally, it was considered under the title of Scorbutus. Sydenham, Eucalenus and Lister, according to Willan, describe purpura hæmorrhagica under the name of scorbutus. Riverius records cases of this disease, in his Centuries, under the head of

* On Cutaneous Diseases, by Robert Willan, M.D. F.A.S. Philadelphia edition, 1809, vol. 1, pp. 345.

† Practical Synopsis of Cutaneous Diseases, by Thomas Bateman, M.D. F.L.S. Philadelphia edition, 1818, pp. 106.

malignant fever. Rombergius and Graaf treated of it under the appellation of "*Petechiæ sine Febre*;" Raymann under that of "*Petechiæ mendaces*;" Sauvage under that of "*Stomacæe universalis*," and Adair under that of "*Hæmorrhœa petechialis*."

Nothing, substantially, practical, in relation to this disease, can be drawn from the imperfect and rude sketches of its phenomena, previous to the time of Willan. The works of Willan, Bareman, Parry, Rayer, and Biett, furnish materials for a history of its symptoms, and give out hints, which may, in the process of time, lead to a more successful investigation of the agents that produce it, and of the true pathological condition in which its nature consists.

Purpura Hæmorrhagica derives its name from the two leading characteristics of the disease, the purple spots, consisting of sanguineous extravasations in the skin, or in the subcutaneous cellular tissue, and the hæmorrhages, which most generally occur from the mucous membranes.

The spots which appear on the skin, in purpura hæmorrhagica, are divided by Rayer* into petechiæ and ecchymoses. The petechiæ are of a circular form, and of the size of large fleabites, from half a line to a line and a half in diameter. The ecchymoses are irregular patches, formed by the coalescence of many petechial spots. When large they are, properly, compared to marks produced on the skin by external violence, as from blows, or the strokes of a whip. The petechiæ and ecchymoses consist in the spontaneous effusion of blood, sometimes under the cuticle, sometimes in the superficial layers of the dermoid tissue, and sometimes in the subcutaneous cellular tissue. Hence arises one of the distinguishing characters of the petechiæ, the persistence of their color under pressure. The cuticle over the spots has been observed by Willan and Bateman to be smooth and shining, and often so delicate as to be ruptured by the slightest scratch, or pressure. This is more easily ruptured on the mucous membranes, owing to the extremely delicate texture of its epithelium. In some cases the cuticle is elevated in the form of vesicles filled with blood, as noticed by Willan, Riel, Bateman and Biett.

The petechiæ and ecchymoses, in purpura hæmorrhagica, appear first on the legs; then on the thighs and arms; the trunk, neck and face, according to Rayer, are more rarely affected by them. Biett has occasionally noticed them on the eyelids.† "Sometimes they are uniformly distributed over the body, and sometimes in irregular patches."‡

The color of the petechiæ is at first of a bright red, afterwards purple, or livid, and when about to disappear of a yellowish or brownish hue. Willan has remarked, that the spots are largest and most vivid in the evening, or night; during the day, they are smaller and of a yellowish hue. They usually continue to increase in number for the space of 10, 15, or 20 days.§ "Many of the patches disappear in a week or two, whilst fresh ones appear in other places." The skin in the early

* *Traité Théorique et Pratique des Maladies de la Peau, fondé sur de Nouvelles Recherches d'Anatomie et de Physiologie Pathologiques.* Par P. Rayer. A Paris, 1827. Tome second, pp. 158. Art. Hémacélinose.

† Clinical Lectures of Biett, Physician to Hospital St. Louis, Paris. By Cazenave and Shedel.

‡ Willan.

§ Rayer.

stages of the disease preserves its natural sensibility and color, in the intervals between the petechiæ and ecchymoses, whether cutaneous or subcutaneous. When the disease has continued for some time, it acquires a yellowish tinge. As the color of the petechiæ and ecchymoses varies with the time from their first appearance, you perceive on the skin, at the same time, various colored spots, some of a bright red appearance, others purple or livid, others of a brownish or yellowish hue.

The disposition to effusion of blood, manifested in the skin, and in the subcutaneous cellular tissue, extends to the different mucous membranes, producing in their substance petechiæ and ecchymoses, or upon their surfaces hæmorrhages. Thus ecchymoses are seen upon the gums, the palate, the tonsils, the interior of the mouth, and lips. The tongue is sometimes covered with ecchymoses, and engorged with blood so as to be double its normal size. Hæmorrhage has been known to arise from the mucous membrane lining the nostrils, fauces and gums; the inside of the lips, cheeks, and eyelids; from the tongue, bronchiæ, stomach, intestines, uterus and vagina; from the kidneys, bladder and urethra. Of these hæmorrhages, epistaxis is most frequent in children, uterine hæmorrhage in women, and pulmonary and intestinal hæmorrhages in adults.*

The serous membranes are sometimes the seat of sanguineous effusion. Thus Cazenave alludes to a case, where an effusion of blood took place from the cerebral arachnoid membrane. Ecchymoses frequently occur beneath the mucous and serous membranes, and in the parenchymatous structure of different organs.

The hæmorrhages from the mucous membranes may precede, accompany or follow the appearance of petechiæ and ecchymoses on the skin. They occur at intervals more or less remote; sometimes being periodical, taking place, perhaps, at a particular hour every day; and sometimes there is a slow and constant exhalation of blood.

The local symptoms of purpura hæmorrhagica sometimes manifest themselves without previous constitutional disturbance. Dr. Biett relates, in his lectures, the case of a young man, who went to bed in perfect health, and on the succeeding day his skin was covered with ecchymoses, and blood issued in quantities from his mouth and nostrils. This form of purpura hæmorrhagica is the true "*Apyrétique Hémacélinose*" described by Rayer. "It may be preceded by epistaxis, hæmatemesis, hæmoptysis, or other hæmorrhages from the mucous membranes. The petechiæ and ecchymoses manifest themselves upon the surface of the body without heat or pain. Children continue their plays, and adults engage in their habitual pursuits. The pulse, respiration and digestion, the secretions and excretions, are natural. The intellectual faculties are exercised as in health. The exploring of the thorax by the stethoscope and the examination of the abdomen, discover no alteration in the organs contained within these cavities."

In general, however, according to the experience of Bateman and Parry, febrile symptoms precede the appearance of the purpurine spots, and accompany the disposition to hæmorrhagic action.

* Rayer.

Thus, before the occurrence of the local symptoms, there is languor, depression of spirits, and loss of energy in the muscles of voluntary motion. Excruciating pains in the limbs, and great tenderness and irritability of the surface, sometimes immediately precede the appearance of petechiæ and ecchymoses. A morbid state of the circulating and respiratory systems, with general derangement of the secretions and excretions, is observed in most cases. The pulse varies according to the energy of the system, and the period of the disease. Recorded cases show it to be sometimes feeble and excited, sometimes slow and laboring, sometimes frequent, firm and resisting.

The prominent symptoms are seated sometimes in the lungs, attended with pain, dyspnœa, and cough. Sometimes the heart is more particularly affected, attended with frequent syncope; sometimes the abdominal viscera, especially the liver, characterized by deep-seated pains in the precordia and abdomen, tension and tenderness of the epigastrium and hypochondria, with intestinal derangement. In other cases the brain is the prominent point of congestion.

“When the disease has continued some time, the patient becomes sallow, or of a dirty complexion, and much emaciated, and some degree of œdema appears in the lower extremities, which afterwards extends to other parts.”

Purpura hæmorrhagica has no regular duration. It continued from 14 days to 12 months and upwards in the cases which came under the observation of Dr. Willan. The duration of the disease depends much on the state of the constitution, the degree of hæmorrhagic action, and the tissue or organ upon which it may concentrate its force. Thus where there is no constitutional disturbance, it may remain for years. Bateman alludes to a case related by Dr. Duncan, “which occurred in a boy, who was employed for several years by players to carry their sticks, and whose skin was constantly covered with petechiæ, and exhibited violaceous and purple blotches, wherever he received the slightest blow.” He continued thus for years, in apparent good health, till a profuse pulmonary hæmorrhage caused his death. Profuse hæmorrhages sometimes contribute to a restoration of health; but, most generally, to a fatal termination. Bateman mentions one case in which severe catamenial flooding restored the patient to health, but he alludes to many cases in which profuse pulmonary hæmorrhage produced death. An effusion of blood over the glottis, by obstructing respiration, caused the death of the patient in a case related by M. G. Monod.* A fatal effusion of blood upon the brain is recorded in the Transactions of the Medico-Chirurgical Society of Edinburgh. In general, a fatal termination occurs in the manner described by Rayer. The hæmorrhages become more frequent and copious, the blood more and more serous, the petechiæ and ecchymoses more numerous, and of a deep-brown color. The face acquires a cachectic pallor, and the surface of the body a livid or yellow tinge. The blood retires from the extremities, convulsions supervene, and death soon follows.

Causes of Purpura Hæmorrhagica.—This disease occurs at every

* Cazenave.

period of life, and in persons of various constitutions. The hæmorrhagic tendency seems in some cases to be constitutional; depending, probably, on some peculiarity of texture in the organic nerves, increasing the excitability of the capillary and exhalent systems. Rayer has found it to prevail, at Paris, chiefly among children of feeble constitution, poorly fed, and inhabiting low and damp places, and among females of nervous temperament and of sedentary habits, subjected to the influence of the depressing passions, or enfeebled by acute or chronic diseases. "It has sometimes occurred as a sequela of smallpox and of measles, and sometimes in the third or fourth week of puerperal confinement."* Suppression of habitual discharges, particularly the hæmorrhoidal, is noticed by Dr. Stoker† as an exciting-cause of the disease. Bateman and Macbride‡ have noticed it as a consequence of the action of mercury upon the system. It is, probably, produced by impure air and improper food, in the crowded receptacles of poverty and wretchedness in our large cities. Dr. Graves§ says it is frequently produced among the lower classes of Dublin, by a salt diet. Huxham has recorded, in the *Philosophical Transactions*,|| a singular instance of purpura hæmorrhagica produced by drinking sea-water. We take the narration of this case from Percival's works.¶

"A young lady, aged 16, tall, thin, and of a delicate constitution, though in tolerable good health, was advised to use sea-water, on account of a strumous swelling and inflammation of her upper lip. She drank a pint of it every morning for ten days successively, which did not pass off freely by the usual evacuations. At the end of this period, she was suddenly seized with a profuse discharge of the catamenia, was perpetually spitting blood from the gums, and had innumerable petechial spots on different parts of her body. Her pulse was quick, though full; her face pale and somewhat bloated; and her flesh soft and tender. She was often faint, but soon recovered her spirits. The flux from the uterus at length abated; but that from the gums increased to such a degree, that her apothecary took a little blood from her arm. From the orifice blood continually oozed for several days. At last a hæmorrhage from the nose came on, attended with frequent faintings, in one of which she at length expired, choked, as it were, with her own blood. Before she died, her right arm was mortified from the elbow to the wrist. And it is further to be remarked, that though blood let from her some weeks before she began the use of sea-water, was sufficiently dense, yet that drawn in her last sickness was mere putrid and dissolved gore."

The predisposing and exciting causes of this disease cannot always be satisfactorily explained, especially when it occurs in the midst of apparent health, and in persons enjoying the benefit of pure air, and every advantage of fortune and luxury.

Pathology.—The pathology of this disease is the most important, as

* Bateman. † Pathological Observations on Dropsy, Purpura and Influenza, and the morbid changes of the blood, and their influence in the production and cause of these diseases, illustrated by select cases and dissections. By Wm. Stoker, M.D. Dublin, 1821. Part 1st.

‡ Experimental Essays, Medical and Philosophical. By David Macbride. London, 1767. Pp. 153.

§ Dublin Journal. || Vol. 53, p. 6. ¶ Essays, Medical and Experimental, by Thomas Percival, M.D. F.R.S. et S.A. London, 1783. Vol. 2, pp. 118.

well as the most obscure subject of consideration. No satisfactory explanation of its pathology has been offered to the medical world. Its external signs have not been truly interpreted. The invariable morbid condition of the system, or part of the system, which gives rise to the phenomena of the disease, has not been accurately ascertained by pathologists.

The proximate cause of this disease has been variously explained by different authors. Dr. Duncan, Jr.* has ascribed it to the following circumstances. "1st. Increased tenuity of blood, allowing it to escape from the superficial extremities of the minute arteries. 2d. Dilatation of the mouths of those arteries allowing natural blood to escape. 3d. Tenderness of the coats of the minute vessels, which give way from the ordinary impetus of the blood. 4th. Increased impetus of the blood rupturing healthy vessels. 5th. Obstructions in the vessels causing rupture, with natural impetus, and without increased tenderness. 6th. Two or more of these causes may act simultaneously, or successively."

Dr. Bree† attributes purpura to compression of the brain, which by diminishing the energies of the nervous system, deprives the exhalent vessels of their contractile power. To substantiate his doctrine, he adduces cases in which petechiæ and ecchymoses upon the skin occurred in connection with apoplexy and paralysis, and in which the symptoms of purpura were removed by the antiphlogistic treatment, which relieved the brain from compression.

Mr. Plummer‡ considers it as resulting from tenderness of the superficial vessels, caused by congestion in the hepatic and gastric circulation, and the consequent interruption of the process of nutrition.

Dr. Stoker§ ascribes the origin of the disease to an imperfect and irregular sanguification, the blood not undergoing its salutary and accustomed changes in the pulmonary and hepatic systems. The morbid condition of the blood, he thinks, is the cause of the general oppression, the dyspnœa, the articular pains, the oppressed pulse, the congestion in the portal circle, which, often, accompany this disease. The observations of Dr. Stoker, in relation to this disease, though mingled with many of the exploded notions of the humoral pathology, are enriched with many practical suggestions, in regard to the pathological states of the system, and the therapeutical measures most proper to counteract them.

M'Intosh thinks that it may be owing to a primary affection of the lungs, causing "general functional derangement of many organs, which at last produces a great change upon the blood." "Since my attention became directed to the investigation of the probable causes of petechiæ, I have not in one instance failed in detecting disease of the lungs, and particularly of the mucous membrane, by auscultation; and the observations, so made, have been confirmed upon examination after death." In one rapidly fatal case of purpura hæmorrhagica, he detected the rale

* Edinburgh Med. and Surgical Journal, 72d No.

† Remarks on the cause of Purpura, by Robert Bree, M.D. F.R.S. Med. and Phys. Journal, London, vol. 21, pp. 321.

‡ Practical Treatise on Diseases of the Skin. London, 1821.

§ Pathological Observations, &c.

crepitant in some parts of the chest, and the rale muceux in others. Rayer, however, observes, that, in the simplest form of purpura, the true "apyrétique hémocéphalose," both auscultation and percussion fail to detect any disease of the lungs. This practical hint thrown out by M'Intosh, deserves the consideration of pathologists.

(To be continued.)

ON THE LANCING OF INFANTS' GUMS.

THIS is a point in which almost all medical men disagree, and on which dentists are often called upon to give an opinion, and to operate. If we were to refer to public opinion, to form a judgment as to the propriety of performing this operation, we should find, that some mothers consider the lives of their children owing to its having been performed, while others equally deplore the bad practice that was adopted in their case, as giving unnecessary pain, and retarding the appearance of the teeth. That they both are right, and both are wrong, is what we shall endeavor to explain.

Those who have been a witness to the convulsions of a child, and to the instantaneous relief afforded by this operation, will have some difficulty in not believing it to be infallible; but as the most powerful poisons are the most efficacious remedies in the hands of a skillful person, so the lancet is most beneficial when judiciously used, but most pernicious if improperly so. The more easily to understand this, it will be necessary to return to the process of teething.

It will be recollected we stated, that the teeth were situated beneath the gums in each jaw, and that it was the pressure of the edge of the tooth on the internal part of the gum that caused the irritation and pain; now the depth the tooth has to perforate being considerable, it stands to reason that if the gums are lanced at the first period of inflammation, they will reclose, and as often as the irritation returns, the operation must be repeated; besides which, the gums will become harder each time they reunite, which will render it still more difficult for the tooth to pierce them. The impropriety, therefore, of performing it at this period must be evident, and will account for the *bad practice* complained of. But, when the teeth are sufficiently advanced, so as to show their presence by a white mark, caused by their pressure on the internal part of the gums, then the lancet may, nay, *ought* to be used without delay; for the gums cannot again completely reclose, and the tooth comes through without giving any more pain.

In all other cases, the lancet should only be used when all other efforts have failed. But if, notwithstanding all our endeavors, the inflammation and irritation continue and cause excessive fever, and frequent returns of the convulsions are apprehended, it must then be left to the sagacity of the medical attendant when he ought to lance the gums; and we have only in these cases to recommend that the wound may be as deep as possible, and directly over the teeth that are supposed to cause the pain.

Relief should be afforded, at the first period of irritation, by giving the child something to bite. All authors recommend the finger as the best thing, because the child will keep it when it refuses everything else ; but the finger cannot always be given ; above all, when some of the teeth have pierced the gums. A piece of *India rubber*, the form of a finger, is, without exception, the safest and most beneficial ; since, from its elastic nature, it cannot harden the gums nor splinter the teeth, which coral, ivory and gold are apt to do ; and yet it is sufficiently hard to answer the proposed end. When the child has made its gums sore from biting it ; for, finding nothing hard to hurt them, they will bite with all their might, the India rubber may be dipped in a little honey and water, which will soothe the gums, and be agreeable to the child. In cold weather it will be necessary to dip it in warm water, or hold it before the fire for a short time, for cold will harden it, but warmth will instantly restore it to its elasticity.

Anodyne necklaces—the virtues of a gold ring—and sundry other specific virtues may (*with faith*) do good ; hard biscuits, or any other ingredient that dissolves in the mouth, are to be objected to, as filling unnecessarily the stomach.

It sometimes happens that children are born with one or more teeth above the gums ; in all such cases, it is advisable to have them removed on account of the inconvenience and dangerous consequences that may result to the mother by their being kept. Particular note should be taken of this circumstance, and communicated to the dentist who has the charge of the second dentition, otherwise it may happen (particularly at school) that the second teeth which had supplied the place of those extracted at birth might be drawn, and the child left disfigured for life.

When the four front teeth of each jaw have made their appearance, children seldom suffer much pain till the four last of the milk teeth begin to push forward ; they are the canine, or more generally known as the eye-teeth, from a supposed connection with the eye ; but the same observation applies to them as to the other cases of difficult dentition ; viz. attention to the general state of the body, and the use of the lancet, by a semi-circular incision made under the point of the tooth when sufficiently advanced.

At about three years of age, the whole of the first set have made their appearance, and are composed of twenty teeth, ten in each jaw. Children now suffer nothing from the progress of the second set that is going on under the gums. They sometimes suffer toothache from the first teeth decaying before the others are ready to supply their place ; this is owing, in a great measure, to a want of cleanliness, in not using a tooth-brush. We must here notice one of those prejudices which it is difficult to account for, viz. the obstinacy with which some mothers refuse to allow their children's teeth to be cleaned. We have no hesitation in saying, that as soon as it is possible to make the child open its mouth, the teeth it may have ought to be rubbed ; in very early age, a sponge is sufficient. A child ought to be taught to brush his teeth as soon as he is taught to wash his hands and comb his hair. As to the supposition that the brush will wear the enamel away, it might be argued

with equal truth that the comb will wear the head away.—*Mortimer's Observations.*

OPIUM.

[Continued from page 104.]

WITH regard to the toxicological effects of opium, we find that it is destructive both of animal and vegetable life. Dr. Marcet has informed us, that a bean-plant was destroyed in a day and a half by a solution of opium. Dr. Monro found, as far back as the year 1754, that a solution of opium applied even to the skin of frogs, rendered them motionless, and killed them. Melier was struck with the fact of the death, suddenly, of leeches, applied to the body of a child who had been poisoned by too strong an injection of poppy-heads.

It is a question of no small importance, and one which has not been altogether satisfactorily answered—What is the smallest quantity of opium that will prove fatal? It has been said four grains of solid opium; and the best authenticated case is one which will be found in the admirable work on poisons, by Dr. Christison; it was related to him by Dr. W. Brown. A dose of four grains and a half killed an adult—it was combined with nine grains of camphor. The man took the opium at seven in the morning for a cough, at nine his wife found him in a deep sleep, from which she could not arouse him. Nothing was done for his relief till three in the afternoon, when Dr. Brown was called to him, and found him laboring under all the usual symptoms of poisoning by opium, contracted pupils amongst the rest. Death ensued in an hour, notwithstanding the active employment of remedies. A case of fatal narcotism has lately excited a good deal of attention amongst the medical men in Paris. It was produced by twelve drops of laudanum, used as a lavenent, for a patient under the care of M. Rayer, in the Hopital de la Charité, and death occurred in eighteen hours. It has been said by Orfila, in his *Toxicologie Générale*, that opium acts more energetically when introduced into the rectum than administered by the stomach, but certainly such a result from so minute a quantity could never have been foreseen. Dr. Christison states, that he has given, by injection, without producing more than the usual somnolency, two drachms, by measure, of laudanum. In examining the details of cases, and more particularly in looking through the vast number that medical men have very judiciously sent to the periodical medical journals, I am quite astonished at the largeness of the doses that have been taken by suicides, and yet with proper care they have recovered from their poisonous effects. In one of the German journals there is a female described as recovering after having swallowed no less a quantity than eight ounces of crude opium. It seems to me, however, that the poison taken in tincture proves fatal in much smaller doses than in the solid form, and this is probably to be accounted for by the length of time which the stomach must take to dissolve a large mass, and in the interim some of the symp-

toms which excite alarm are perceptible, and remedial agents are employed; but where the tincture has been taken the peculiar sopor may supervene within twenty minutes. Much, too, will always depend on the fulness or emptiness of the stomach; thus, opium taken fasting in the morning, will produce its effects much more rapidly and certainly than at any other time in the day; and after a meal it is very likely to be vomited back. I think, from all that I have been able to collect, that I should draw the conclusion, that two drachms of tincture of opium might, under some circumstances, act as a destroyer of life tolerably quickly; still, however, I should well weigh all the circumstances before I should believe such a dose of properly-formed tincture to have proved fatal. About six grains of solid opium could not be taken with impunity by those unaccustomed to it. There is a very curious, and it might prove a fatal mistake, in one of the editions of Buchan's Domestic Medicine; the invalid is there cautioned against taking too large a dose of laudanum, and, by inadvertency, instead of twenty-five *drops*, he is advised never to take more than twenty-five *ounces*.

The first stage, or that of excitement, after the administration of opium, I have shown to you is characterized by a train of phenomena which do not result from the employment of any other drug with which we are acquainted; so, likewise, is the last stage, or that of collapse, marked by some symptoms which more particularly distinguish it. There is a deep sleep, or, as it is termed, sopor, usually attendant upon it, which forms a diagnostic feature, and which, although it may occasionally be found to follow upon the other narcotics, is most strikingly characteristic of this powerful juice. There is an overpowering lethargic state, from which you may for a moment arouse the individual into apparent sensibility; but he instantaneously relapses into a perfect suspension of his faculties. Delirium very rarely occurs; and although we have on record some cases in which convulsions were present, yet they may be considered as very unusual. Almost all the other narcotic poisons are attended by delirium and convulsions as the ordinary symptoms. Conium, or hemlock, exhibits a state nearer approaching to that of opium than the other narcotics; still, coma and convulsions are, generally speaking, present. Where henbane or hyoseyamus has been taken, that union between coma and delirium which is called typhomania, is observed. Belladonna causes delirium and coma; the delirium is often of an agreeable character, accompanied by uncontrollable fits of laughter, and very often there is no sopor. Datura stramonium, or the thorn apple, causes maniacal delirium, with singing and dancing. Nicotiana tabacum, or tobacco, excites convulsions and universal tremor. *Aethusa cynapium*, or dog's parsley, is marked by spasmodic pain of the stomach, and difficulty of breathing; *aconitum napellus*, or monk's hood, by maniacal delirium; *helleborus niger*, or black hellebore, is followed by delirium and high irritation; and the fox-glove, or *digitalis*, by delirium and general convulsions; the *strychnos nux vomica* by dreadful agitation and alarm. Extreme cold produces a sopor, and an irresistible sleepiness, that has an approximation to the effects of opium, more nearly than any of the narcotics I have enumerated; and the deleterious fumes arising from burn-

ing charcoal cause a somewhat similar state ; still it is more nearly allied to asphyxia.

The other symptoms which accompany an inordinate quantity of opium, may be found as the consequences of the narcotics generally, nor do they afford us any very striking diagnostic marks. They likewise vary according to the age, the sex, the habits of the patient, and to the dose that has been taken. Thus, although the face is most generally observed to be pale, there are not wanting instances in which it is described to be flushed. In some cases the breathing is apparently easy, and almost natural ; whilst again, in others, it is stertorous and performed with great difficulty ; the pulse is generally feeble and irregular, yet this is by no means a uniform occurrence ; the skin is cold, shrunk, and bedewed with a clammy sweat, and has been known, occasionally, to have been imbued with the characteristic odor of opium ; the extremities are very generally cold ; the eyes are closed, and on lifting the eyelid the pupil is found to be dilated, and insensible to the stimulus of light. Vomiting occurs, occasionally, at various periods after opium has been taken. Dr. Crumpe, whose ardent love of science, and whose anxious investigation of truth led him to try numerous experiments, which he has admirably detailed in his inquiries into the nature and properties of opium, tells us that he himself, when trying experiments on the different parts of opium, often vomited up what appeared to him the entire quantity of the medicine he had taken, after its having affected him in a very violent manner. It is very singular that a pill of opium, administered at night, will be vomited up in the morning, after having produced its narcotic effect. This is an observation which Van Swieten originally made.

Persons who outlive twelve hours after opium has been taken, very commonly recover, death usually occurring about eight or nine hours after the dose, though there are instances narrated where it has occurred within four hours. The symptoms during life are those, first, of sanguineous acceleration to the brain, in the stage of excitement ; and, secondly, of reaction in the stage of venous retardation ; and in the third stage of congestion, and where, from the largeness of the dose, the two first states are too transient to be perceptible, the intensity of action upon the nervous system is marked only by the fatal impression produced, the collapse is immediate. Under such circumstances the indications to be followed are to remove the exciting cause, and to obviate the proximate, and these are borne out by the appearances which present themselves where examinations have taken place after death. It is not within the scope of this course of lectures to dwell upon that which morbid anatomy must illustrate to you, but as it is a most important point to be attended to, whether as regards the mode of action of opium upon the system, or the treatment which is to be pursued, I must observe to you that the vessels of the brain are generally turgid with blood, that sometimes a watery fluid has been exhaled from them into the ventricles, and that throughout the cerebral mass there is every mark of sanguineous engorgement. Nor must I pass over the generally observed fact, that the blood is ordinarily found fluid throughout the body.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 10, 1837.

ILLUSTRATIONS OF PULMONARY CONSUMPTION.*

A SECOND edition of this excellent and certainly very important pathological treatise on the bane of the north—*consumption*, a sirocco which sweeps youth and beauty at all seasons, by an irresistible impulse, to the grave—has been given to the public by the original publisher, Mr. E. C. Biddle, of Philadelphia.

Others may have written as learnedly as Dr. Morton—certainly more obscurely—but no one has been more successful, in this country, in concentrating facts in a way to be serviceable to the profession, upon the exclusive subject of pulmonary diseases. The delicacy of the respiratory apparatus, and the extreme difficulty of ascertaining with any degree of certainty the actual condition of the lungs, when functional derangement exists, render a practical guide like this of peculiar value to the general practitioner. Here, in New England, quackery flourishes in perennial vigor—and the hobby of many itinerants is consumption. Concealed, as the breathing organs are, beyond the reach of vulgar eyes, it matters not what sort of treatment is pursued, or how badly they are managed: the fee is the great object, and not the cure. It is a mortifying confession to make in this enlightened age, that empirics have had a general monopoly of consumptive patients, at the very doors of some of the best physicians in this section of country—not always because they have been considered the best informed of the two, but because the one had honesty enough to confess his inability to prescribe with any degree of certainty. The hit or miss prescriptions, on the other hand, of those who never knew enough of the anatomical construction of any part of the body to fear to do anything, have so long been considered the evidence of intuitive knowledge of the mysteries of organic life, that they have had an uncontrolled sway where modest merit could not have had a hearing.

In this able treatise, there is such precision, such manifest exactness, and in fact such positive rules for determining the signs of phthisis, that the book must grow in favor. That chapter expressly treating of the complication of consumption with other disease, gives a finish to the book, and without it there would have been a striking void. It is desirable to have Dr. Morton's investigations extensively circulated, which we hope this brief notice will in some measure have a tendency to effect.

It is not our intention to be very minute in the description of the work, further than to remark that it is a beautifully printed octavo, of three hundred and thirty-nine pages, with thirteen colored plates, not to be excelled, illustrative of diseased appearances. The appendix, which is of a popular character, might be read advantageously by any intelligent in-

* Illustrations of Pulmonary Consumption, its anatomical characters, causes, symptoms and treatment, to which are added some remarks on the climate of the United States, the West Indies, &c., with thirteen plates, drawn and colored from nature. Second edition. By Samuel George Morton, M.D., &c. &c. Philadelphia, E. C. Biddle. Svo. pages 339.

valid. A few, only, have the happy faculty of writing in a manner to be understood and appreciated by all classes of readers; Dr. Morton is evidently one of them, and we congratulate him on the certain influence which his writings are destined to have in this and other countries.

PRACTICE OF MEDICINE IN SIAM.

FROM the Journal of Dr. Bradley, a missionary physician, located at Bangkok, the capital of Siam, several amusing anecdotes, illustrative of the character of medical practice in that country, have been quoted.

On the 8th of January, 1836, Chowfah sent his boat to Dr. Bradley, desiring him to visit his mother, the ex-queen, with an express wish that he should be accompanied by Mrs. Bradley. On their arrival at the imperial residence, and before the preparations were completed for ushering the doctor into the mother's presence, the prince amused them with a singular musical performance. It was exceedingly sweet and spirit-stirring, although the pipes of the organ, for such the instrument appeared to be, resembled more a bundle of bean poles, than harmoniously constructed tubes. All things being ready, a favorite female servant entered the apartment, and falling on her hands and knees, announced the solemn message to the royal son, that the queen was waiting. Mrs. Bradley and her husband, in passing through the palace grounds to reach the imperial apartment, noticed a multitude of females: the prince walked at a very respectful distance in the rear. As the women caught sight of the great man of royal line, they fell on their faces to the ground. The conductress labored hard to impress Dr. B. with the propriety of his humbling himself in the like manner when he came into the royal presence; but he insisted upon it, that as it was not an American custom, he should not comply with the request.

Her ex-majesty's throne was surrounded by a dozen or more princesses, on the floor in front. Dr. B. and lady were allowed to sit a little higher. The queen not yet being present, a princess was examined, by request. While doing this, the great woman entered through a side door and took her seat. Mrs. B. boldly walked up, at which her serene highness frowned most terribly. Being asked about her health, she answered, peevishly, "I am not at all well, I want to see the doctor." Dr. B. took the liberty of leaving the princess, on hearing this, and saluted her majesty as he would a woman of rank in any country. She appeared much surprised that a doctor, whose fame had been trumpeted abroad, should be obliged to ask questions for information before he could pronounce the disease and prescribe a cure. She was unprepared for this process of examining into symptoms, as the Siamese physicians only look at the patient, and at once decide upon all points touching both the malady and the remedy. The son necessarily acted as interpreter—but in so doing approached his mother in couching posture, without presuming to look her in the face. "I ventured," says Dr. B., "to give the queen, in plain terms, my opinion of those men who pretended to be gifted with the intuitive wisdom she had expected in me. I told her that those who make the greatest pretensions to such power, were really the most ignorant, and that extreme ignorance always fostered the basest quackery. I gave her a little account of American and European physicians, and told her that the best informed among them were the least disposed to make any pretensions to supernatural wisdom and skill. After ascertain-

ing her complaints, I prescribed for her. She inquired, with much solicitude, if there would be any spirit in the medicine. On being told there would not, she expressed great approbation, with a strong disapprobation of everything that contains *lou* (ardent spirit). She asked many questions about our country; how long we were coming; how much we paid for our passage, and how long we intended to stay. Having remained in her presence nearly an hour, we took our leave after American fashion, and withdrew, while her highness, her royal attendants and scores of females, slaves and children, prostrate at the door, gazed upon us with the most intense curiosity. The sight of husband and wife walking together, and, much more, arm in arm, was what they had never before seen, and was most strangely diverse from Siamese custom."

Dr. Bradley's patients, at the last advices, had become so numerous, that he had a floating dispensary on the river. Both sides of the river, from six to eight miles in extent, embraced by the city of Bangkok and its suburbs, are lined with floating houses. On the 12th of February, he wrote a hundred and twelve prescriptions. Among his patients, are many priests, an influential and crafty body of men.

On the seventh of April he was sent for by Chowpahyai (*great lord of heaven*), a brother of the king and one of the chief priests of the kingdom. He is the rightful heir to the throne, which was usurped from him by the present monarch. He took upon himself a vow of perpetual retirement, that he might be spared the humiliation of bowing down to one who is truly his inferior. This kingly brother is the one who permitted Capt. Cotlin, a few years ago, to bring the Siamese twins to Boston. Being seated, although all others were standing in the great man's presence, "I found him much diseased. His disease is denominated *wind* by the native physicians. It had been treated with local applications and internal medicines of a heating kind. I spent considerable time to convince the patient and the physicians that the idea of wind being the cause of the disease was all humbug. The patient and his brother were quick to perceive the truth of my assertions by my illustrations, and then labored hard to bring over the native physicians to the same belief. They, however, were not ready to give up their darling notion, which is the main pillar of all their theory." When Dr. Bradley had taken leave of the exalted divine, he was conducted to a little brick building, about 12 feet square, open on all sides, in which was spread a little table, in American style, loaded with a variety of meats, fruits, and cakes, especially collected on his account. While eating, the servants of various grades gathered about in crowds to witness the novel process, which was regarded in the light of an extraordinary exhibition.

April 27th, by appointment, Dr. Bradley visited the king of Ligore. The audience room in which he was, would comfortably seat several hundred persons. All the posts, a dozen or so in number, were thickly studded with tumbler lamps; there were also between twenty and thirty large European hanging lamps in the same apartment. Having been accommodated with flag-bottomed chairs, several women, supposed to be his majesty's wives, were admitted, three of whom sat by the side of the king. Tea was served, of the choicest kind, cakes and macprangs, a kind of fruit similar to the plumb. A prince royal being prescribed for, his majesty followed; and a princess, a daughter, presented her wrist for examination on account of a slight tumor. A dose of salts was meted out

to the king, but on the following day, when Dr. Bradley called, the king said he was afraid they were poison, so he ordered the medicine to be taken by a stout healthy man, in his presence—if no injury came from the experiment, he intended then to take some himself.

May 2d, the patients had multiplied beyond all calculation. Many came from Zuthia, Saakok, Paklot and Packnam, and from countries to the east and west—a certain evidence of the extensive reputation of the missionary, whose success in practice, thus far, has been particularly fortunate. On one occasion, the king of Ligore expressed a desire to have Dr. Bradley see a woman of high rank and distinction, in company with fifteen or twenty of the royal household faculty. The case was a large tumor of two or three months standing, on the back. A principal object to be attained in this consultation seemed to be to constrain the doctor to say decidedly whether it could be cured or not; and if curable, to specify how long a time would be required; but as he could answer neither question, positively, his counsel appears to have been quite unsatisfactory to all parties.

Boston Society of Natural History.—A discourse was pronounced by the Rev. Mr. Winslow, on the anniversary meeting of this Society, last Wednesday. It was of a high order, and should be published for general circulation. The cabinet is in a flourishing condition. The addition of the beautifully prepared skeleton of an Asiatic elephant, gives a finish to the osteological department, which no other association of a similar kind in New England can boast of. As a whole, the collection is thought to be superior to any other in the United States.

Medical Miscellany.—The Boston City Government have conferred on a Committee the power to erect a hospital for idiots and insane persons, for the Houses of Correction and Industry, provided the cost does not exceed \$30,000.—There are between thirty and forty physicians in the City of Chicago, with a population of only eight thousand.—A boy, twelve years of age, recently died in Montreal, of hydrophobia, in dreadful agony.—The influenza has been unusually prevalent and fatal in some parts of Kentucky; at Frankfort, many children have died.—M. Durcau de Carnalle, Surgeon in Chief of the French Army in Algiers, has communicated to the Institute that he has seen a beautifully white woman, the wife of Sadi Hamet, who came from the interior of Africa, where, it is believed, a race of whites exist, who have heretofore been unknown to travellers.—Some very extraordinary experiments have been making, of late, on a female somnambule, at Cambridge.—Mons. Poyen is said to be developing new facts in animal magnetism on the borders of New Hampshire.—The Woodstock Medical School is well sustained the present season.—Dr. Brewer has made an improvement in his celebrated pessary, which he considers of great value. He will give some account of it soon.—The use of Faneuil Hall has been granted to the Mass. Medical Society, for their approaching anniversary meeting.—Mr. Vance, a distinguished surgeon, has recently lost his life in England, by being thrown over the banister of a flight of stairs. He fell to the bottom, and received a severe injury on the head, which ended in death six days after.—The plague has abated at Smyrna, but was carrying off a hundred a day at Tripoli, at the last accounts.

TO CORRESPONDENTS.—Dr. Parker's Case of Retained Placenta, Dr. A.'s Case of Poisoning with Lead, and Dr. Prather's Case of Disease of the Eye, were received too late for insertion in this number.

DIED.—At Keene, N. H., Dr. Thomas Edwards, aged 80 years, formerly an extensive practitioner of medicine.—In Norwich, Ct. Dr. Philemon Tracy, aged 80.

Whole number of deaths in Boston, for the week ending May 6, 35. Males, 9—Females, 26.

Consumption, 6—apoplexy, 1—old age, 4—lung fever, 4—inflammation of the brain, 1—infantile, 2—sudden, 1—scarlet fever, 1—inflammation of pleura, 1—delirium tremens, 1—dropsy on the brain, 2—disease of the heart, 1—intemperance, 1—inflammation of chest, 1—fits, 1—canker rash, 1—dropsy, 2—rheumatic, 1.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

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The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

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TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

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R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—1f

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids. April 12—3t

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

MARSHALL S. PERRY, M.D.

AUGUSTUS A. GOULD, M.D.

HENRY I. BOWDITCH, M.D.

HENRY G. WILEY, M.D.

Nov. 39.

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place. 1f—Oct. 19

Boston, Oct. 7, 1836.

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THE
BOSTON MEDICAL AND SURGICAL
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VOL. XVI.]

WEDNESDAY, MAY 17, 1837.

[NO. 15.]

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.—NO. II.

BY DAVID KING, JR., M.D. NEWPORT.

“What are the causes and nature of PURPURA HÆMORRHAGICA, and the best mode of treatment to be employed therein?”

[Continued from page 219.]

BATEMAN has pointed to some local visceral congestion, or obstruction, as a probable cause of the disease. This, he thinks, is in some degree substantiated by the rapidity of the attack, the acuteness of the internal pains, the inflammatory symptoms which sometimes supervene, the occasional removal of the disease by spontaneous hæmorrhage, and the frequent relief derived from artificial evacuations, by blood-letting, and purgatives. The authority of Celsus is adduced by him, to prove that hæmorrhages from the nose, gums, and other parts, were ascribed to a morbid enlargement of the spleen, by the physicians of antiquity. He relates the results of post-mortem examination in two cases of this disease; in one instance, he found the spleen enormously enlarged; in the other, the abdominal viscera were in a healthy condition; but a large morbid growth, consisting of a fleshy tumor, with a hard cartilaginous nucleus, weighing about half a pound, was found in the situation of the thymus gland, firmly attached to the sternum, clavicle, pericardium, and surrounding parts.

Dr. Parry* attributes this disease to excessive momentum of the blood, connected with general or local plethora. This doctrine of excessive momentum of the blood, as the main cause of hæmorrhage, and local determination, the author illustrates, in his work on General Pathology. In the 5th volume of the Edinburgh Medical and Surgical Journal, he relates two cases of purpura hæmorrhagica, which were accompanied with the phlogistic diathesis, and seemed to be the consequence of excessive momentum of the blood. To these cases are attached some remarks on the nature of the disease, from which we take the following passages, in order to illustrate his views. † “These cases strengthen an opinion, which I more than twenty years ago maintained,

* Elements of Pathology and Therapeutics, &c. By Caleb Hillier Parry, M.D. F.R.S. London. 1815. Vol. 1st, p. 156.

† The Edinburgh Medical and Surgical Journal, No. XVII. Article 2. Observations on the utility of Venesection in Purpura. By C. H. Parry, Physician, Bath.

and which a large subsequent experience has tended to confirm,—that in various diseases, among which may be reckoned inflammations, profluvia, hæmorrhages, dropsies, exanthemata, and other cutaneous eruptions, and even the generality of nervous affections, there is one circumstance in common, which is an over-distension of certain bloodvessels, arising probably from their relative want of tone, or the due contraction of their muscular fibres.” After some observations on the distinction between purpura and sea-scurvy, he concludes with the following remarks. “In the mean while, whatever may be the nature of sea-scurvy, or of purpura in general, of which every experienced medical practitioner must have seen numerous examples, there can be little doubt that the cases which I have related are to be considered as of the nature of what are called active hæmorrhages; since it matters not, in a pathological view, whether febrile extravasation of blood takes place from the rupture or gaping of an artery in the cellular membrane, in the skin, or on the surface of the epithelium, in the nose, fauces, or bronchia.”

The doctrine advanced by Dr. Parry was a great step towards elucidating the pathology of this disease. It was an original view suggested to the mind, after a profound study of nature. It was a startling assertion, in direct opposition to the general current of medical opinion. But whilst we admire the genius that strikes out a path of its own, and dissipates, by the power of a single great truth, a host of false and antiquated opinions, we are obliged to notice the faults and excesses with which original power is too often associated. Dr. Parry carried his doctrine of the inflammatory nature of purpura to an extreme. His error arose from too limited a view of the truth, from his attachment to that part of the truth, of which he himself was the discoverer. Hence it is to be feared, that his partial views have tended to misguide many of his followers, who needed his practical sagacity.

His explanation of hæmorrhagic effusion, as resulting from excessive momentum of the blood overcoming the capillaries, is too mechanical to coincide with the present advanced state of physiology and pathology. That organic disease of the heart sometimes produces local hæmorrhage, there can be no doubt. We know that hypertrophy of the right ventricle, especially when combined with contraction of the left auriculo-ventricular orifice, has caused pulmonary apoplexy; and that hypertrophy of the left ventricle has been the cause of sanguineous effusion in the brain. But, in general, local determination of the blood is not to be traced to the action of the heart, as its source. The irritation, which causes local hæmorrhage, acts primarily on the capillaries, and secondarily on the heart. In the process of secretion, a local determination of blood takes place; that local determination is not caused by the direct action of the heart, but by some natural stimulus, applied to the capillaries of the secreting organ.

Dr. Hannay,* Professor of Physic in the University of Glasgow, attributes “*Purpura Hæmorrhagica*” to a chronic inflammation of

* *Medico-Chirurg. Rev.* London. July, 1833.

the veins, verging more or less to an acute form. In three successive dissections of patients, who died of purpura, the veins exhibited obvious traces of inflammation, being in a high state of disorganization. The larger trunks were lined with a coating of purulent matter. It is probable, that future post-mortem examinations will show that inflammation of the veins is merely one of the complications of this disease.

The true manner of investigating the nature of disease, is to observe, in a large number of cases, all the important symptoms; and to ascertain, by post-mortem examination, all the morbid changes which the tissues and organs have undergone. By pursuing our investigations in this manner, we find that certain symptoms are invariably connected with certain morbid changes of structure. Hence, we are enabled to explain symptoms, to trace the sign to the thing signified, to know disease, not merely by name, but in its true pathology.

Purpura hæmorrhagica, as described by Bateman, is a rare disease. Hence originates one powerful cause to impede the advancement of our knowledge of its nature. There are two considerations, which compensate, in some degree, for the want of individual opportunity to observe and investigate the disease in its various forms. The first is the combination of effort, and the free communication of opinion, which are maintained by the periodical journals throughout the medical world. Hence results an accumulation of facts, which may serve as the basis of substantial and durable doctrines of disease. The second consideration arises from the very nature of medical study. Medicine is a study of general principles. This is the highest aim of philosophy; and in its accomplishment consists the advancement of our art. The nosological divisions of disease are the arbitrary expedients of art to facilitate study, by the classification of facts. Analogies of disease exist in nature, which are omitted in the nosological systems of our art. It is by means of such analogies, that the knowledge of one disease sheds light upon another, and facilitates its investigation. Hence, as general principles are established in medicine, a surer and shorter road to truth is opened in the investigation of new diseases.

Now in investigating the pathology of *purpura hæmorrhagica*, we shall, first, consider the morbid changes, as discovered on examination after death. In the second place, we shall appeal to those general principles of pathology, which shed light upon the leading phenomena of the disease, and furnish us, if not with immutable truth, at least with a probable and practical explanation of its nature. This result is much better than uncertainty, doubt, and ignorance. It affords us probable grounds for pathological inferences and therapeutical indications.

These general results of post-mortem examinations in this disease, we have drawn from the excellent work of Rayer, and from dissections recorded in the British Journals.

The petechiæ and ecchymoses on the surface of the body consist of effusions of blood, either in the skin, or in the subcutaneous cellular tissue. In the skin, some are found on the surface of the reticular body; others in the areolæ of the derma. The largest and deepest spots are formed by extravasations of blood in the subcutaneous cellular

tissue. The vascular ramifications, in the neighborhood of these extravasations, are not morbidly developed. The mucous membrane of the mouth, pharynx, stomach, and intestines, presents, in some points, petechiæ and ecchymoses, like those upon the surface of the body. In the head, have been discovered vascular congestion, and sanguineous and serous effusions. The cerebral arachnoid membrane has been found covered with a lamina of coagulable lymph. The lungs, usually, present on their external surface a number of ecchymoses. In the intervals, the color of the lungs is natural. Under the ecchymoses, the tissue of the lungs is of a red brown color, firmer than natural, and somewhat engorged with blood. The lungs are frequently found in a congested state. Sometimes the blood is effused in the smaller bronchi, producing the circumscribed pulmonary apoplexy of Laennec*; at other times, the hæmorrhagic effusion occurs in the whole parenchyma of the lungs, constituting the true pulmonary apoplexy.† The bronchial mucous membrane has been observed to be in some cases of a dark color. Ecchymoses have been found on the surface of the heart, and under the peritoneum, the pleura, the pericardium, and the arachnoid membrane. Though the ecchymoses are most frequently found in the sub-serous tissue, yet the serous membranes, themselves, are sometimes found studded with dark livid spots. The ventricles of the heart have been found in an aneurisimal state. Enlargement of the spleen, and congestion of the liver, have also been observed. In some very rare cases, all the organs of the body, whether parenchymatous or membranous, are the seat of sanguineous effusion.

To illustrate the nature of this disease, we transcribe the following cases of purpura hæmorrhagica, with the appearances observed on post-mortem examination.

CASE I.‡—"On the 13th November, 1823, Dr. Fairbairn was called to a man, aged 24, of regular habits and robust constitution, but subject to vicissitudes of temperature, in his trade of book-binding. He complained of deep-seated pain in the left breast, aggravated by deep inspiration or coughing—breathing laborious, with sense of suffocation on attempt to stand—countenance flushed and anxious—copious discharge of dark venous blood from the mouth, apparently oozing from its mucous membrane, and partly expectorated from the lungs—numerous petechiæ and vibices on the arms, neck, and trunk, varying in magnitude from a mere point to the size of a sixpence. There were none on the hands or face. On the chest and leg, of one side, there were two large livid blotches, resembling ecchymosis. These spots were of various colors—bright red, purple, yellow, but not elevated. In the mouth, sinular spots occupied the gums, cheeks, tongue, and fauces. The tongue was covered with a dark fur—urine of a grumous appearance—pulse 110, firm and sharp—some heat of surface—bowels loose. Reports that he experienced depression of spirits, lassitude in the limbs, pains in the head and chest, tickling cough, chilliness and flushes, for several weeks previously.

* Rayer.

† Cazenave and Shedel.

‡ A case of Purpura Hæmorrhagica, &c. By P. Fairbairn, M.D. Transactions of the Medico-Chirurgical Society of Edinburgh, vol. 2. See Johnson's Medico-Chirurgical Review, vol. x. p. 61.

On the 16th November, the petechiæ made their appearance. On the 18th, he was seized with difficulty of breathing, and fixed pain in the side. Dr. Fairbairn bled him to 26 ounces, which produced a disposition to syncope, and was followed by considerable relief. Blood not buffy—coagulum soft, and tremulous. Fifteen drops of diluted sulphuric acid to be taken frequently, in cold water. He had a restless night from turbulent dreams; but the pectoral symptoms were relieved next day. Blood still continued to ooze from the mouth, and febrile symptoms were present. Eighteen ounces of blood from the same arm exhibited the same appearances. A dose of salts, which produced a fœtid, loose stool. The next day, he was again bled to 20 3, having shown symptoms of determination of blood to the head. Syncope took place, and he expired on the morning of the 21st, the sixth day after the appearance of the petechiæ."

Post-mortem examination, thirty hours after death.—"The petechial spots over the body exhibited nearly the same appearances as before death. The sides of the neck, and upper parts of the chest, were swollen and livid, and there was a feeling of crepitus with considerable œdema over the trunk. On removing the integuments from the fore and lateral parts of the chest, the cellular and muscular textures were in some places injected with blood, and emphysematous. The thorax contained about a pound of a fluid resembling blood, of a very dark color, and viscid consistence.

"The lungs were somewhat collapsed, of a dark livid appearance, and contained a bloody serous fluid, which occupied all parts equally; there was much less of feeling of crepitus throughout their substance, and the spongy texture was less observable than natural. The bronchial tubes and trachea were filled with a similar fluid; and beneath the internal coat of the latter, there was a slight effusion of dark venous blood, which tinged the membrane of a deep purple shade. Between the folds of the anterior mediastinum and pericardium, there was effused into the cellular texture a considerable quantity of very dark blood, mostly in a clotted state, amounting to several ounces by computation. The pericardium contained the usual quantity of lubricating fluid; the inner surface presented its natural, smooth, glossy texture, but it had assumed anteriorly a deep or brownish red color, from the effused blood between its layers, shining through it. The heart appeared pale and flaccid; there was no blood in any of its cavities. Under its internal membrane, particularly towards the valves of both sides, but more copious in the left, there was a similar effusion as in the trachea, giving a deep livid color to the surface of the heart, and tinging its substance to the depth of half a line or a line.

"The inside of the aorta presented an increased tint of redness, apparently from the same circumstances, without evident thickening or change of texture.

"In the cavity of the abdomen, the floating viscera were of a dark leaden color, and less vascular than natural. There were a few petechiæ on the intestines. In the ileum, there was a slight inflammation, extending for a couple of inches, where one portion of the bowel had passed within another.

"In the stomach, towards the pyloric extremity, its inner membrane was thickly studded with petechiæ, whereas that portion surrounding the cardia, for about three inches, was distinctly emphysematous.

"The liver was paler than usual, and somewhat softened; its peritoneal proper coat was very easily peeled off; from its internal surface a bloody, serous fluid could be squeezed out. The spleen was of full size, and softer than usual; and when torn, effused a quantity of dark-colored matter, of a semi-fluid consistency.

"The right kidney seemed softer than natural; there was an effusion of blood under the internal membrane lining its pelvis, similar to that on the inside of the heart. The left appeared peculiarly blanched, and was also soft; but there was here no effusion. The bladder was pale and contracted, containing a few ounces of the same turbid colored urine as he had been lately passing.

"On removing the scalp, there were two large ecchymoses on each side, over the superior attachments of the temporal muscles. The brain, with its membranes, appeared quite healthy; there might be about an ounce or so of clear serum in the ventricles, and at the base of the brain.

"In the course of the dissection, it was remarked that there was a full proportion of adipose substance in every part of the body."

CASE II.*—This case was that "of a girl, 16 years of age, who came into St. George's Hospital, London, with spots of purpura on the legs, thighs, and forearms. Pulse full and frequent, tongue clean, bowels open. She had been ill nine months with repeated crops of hæmorrhagic spots. Venesection. ad $\bar{3}$ x. To take infusion of roses and sulphate of magnesia thrice a day, and to apply a spirituous lotion to the parts. The blood was slightly inflamed. The spots began to fade in two days, and in a week afterwards returned, with blood in the urine and stools. She was then purged with calomel and sulphate of magnesia, and next day bled to eight ounces. After the bleeding, the pulse became small and very frequent, and the patient continued weak, some spots appearing and disappearing from time to time. In three weeks after entering the Hospital, she complained of severe pain, tenderness, and tension across the umbilical region—the motions being green—pulse 110, and sharp—tongue furred—skin cool and pale. Bled to $\bar{3}$ x., with Battley's liq. opii sed. 4tis horis. The blood was highly inflamed—pain relieved by the venesection, but still existing in the right iliac region. Repeated the venesection to ten ounces. Saline draughts, with digitalis and laudanum, were given, and she was put on a milk diet. The blood was not inflamed, but the pain and tenderness were relieved for a day, when they returned, and 16 leeches were applied. She was purged, and once more bled. In ten days from this time, she was reported free from complaint. Spots of purpura, however, continued from time to time to appear, and were always removed by mercurial purgatives. On the 12th of May, or 48 days after coming into the Hospital, she was attacked with violent pain in the occiput and back of the neck, accompanied with throbbing and some delirium, small quick pulse, dry and

* Dr. Chambers's case of Purpura Hæmorrhagica. Med. and Phys. Journal. 1826. Medico-Chirurgical Review. London. Vol. 10, pp. 249.

warm skin, furred tongue, &c. She was cupped, leeches, blistered, purged, had cold to the head, and antimony and digitalis internally, but in three days she died comatose.

“On dissection, some of the convolutions of the small intestines were found agglutinated by adhesive inflammation, but no other abdominal disease. An ounce of serum was found in the pericardium. The left ventricle of the heart was dilated to nearly twice its natural size—the muscular parietes being attenuated. In the left auricle was found a morbid growth of a condylomatous nature. The mitral valve was much thicker than natural, but not ossified.

“In the head, the whole arachnoid membrane, on the upper part of both hemispheres, was covered with a lamina of coagulated lymph, the product of inflammation, and evidently the cause of death.”

CASE III.*—“The patient was a little girl, 9 years of age, who had spent 6 years of that time in the West Indies, whence she lately returned. On the 1st of February, 1823, she appeared a little unwell, and on the 2d was attacked with sickness, severe pain in the epigastric and umbilical regions, some thirst and fever, tongue furred, pulse accelerated, respiration quickened, with headache, and vomiting of everything taken.

“Some calomel, colocyath, and extract of poppy, ordered to open the bowels. 3d day. Bowels not opened, but the gastric irritability much lessened. A cathartic mixture procured several fœtid stools. At mid-day, Mr. Prethy, a very intelligent surgeon of London, was summoned to the little patient, who had still pains in the head and stomach, suffused face, tunica conjunctiva injected, insides of the hands of a dark red color, breathing frequent, with a troublesome cough, and increase of fever. Bled to six ounces. Some nitre, and antimonial powder. At this time, petechiæ, of the size of pins’ heads, were observed about the arms, breast, abdomen, and right leg. Upon the other leg, was a large blue spot, under the cuticle, of the size of a sixpence. Some sanguineous discharge from the labia pudendi. 4th. Had a restless night, the fever having increased; function of the lungs much impeded, threatening suffocation—great determination to the head—pulse very rapid, and hard, petechiæ increased—the purple spot on the leg enlarged. Mr. Bagster saw the patient to-day, and they agreed on another bleeding, as the most likely means of preserving the head and lungs from serious injury. Ten or twelve ounces of blood were taken from the arm, which produced syncope, and apparent melioration of all the symptoms. In a few hours afterwards, the fever again got up, and Dr. James Johnson saw the patient. He recommended the exhibition of the mineral acids. In the evening, she appeared sinking, and expired at eight o’clock the next morning. The blood first drawn exhibited no serum for a space of eight hours; but after 20 hours, a small quantity of serum was apparent. One cup of the second bleeding showed a coat of coagulable lymph nearly half an inch thick, like very soft jelly, with very loose crassamentum, so tender as to be easily broken down with a spoon into a soft

* London Med. and Phys. Journal, No. 599.

pulpy mass. In this cup there was little or no serum. The other portions of blood, which, however, were not taken in a continuous stream, showed no buffy coat, and very little serum, seemingly as if the blood had become so altered as to be incapable of separating into its constituent parts.

“*Post-mortem examination.*—The eyelids, in addition to the parts before mentioned, were thickly studded with petechiæ, and many of a large size appeared upon the back of the trunk. The brain showed merely some increase of vascularity. In the thorax, there were adhesions in the left side, but not of recent formation. The lungs seemed loaded with blood and mucus, but their parenchymatous structure appeared sound. About half an ounce of the water in the pericardium—the external surface of the heart of a pale hue, and about twenty small petechiæ on various parts of it, more particularly at the junction of the auricles and ventricles. In the abdomen, all appeared, at first, natural, excepting the stomach, which was distended with air, and thickly spotted with petechiæ, plainly seen through its peritoneal coat. On opening this viscus, the petechiæ were still more distinct, generally about the size of split peas. No petechiæ were visible in or on the intestines.”

(To be continued.)

RETENTION OF THE PLACENTA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you deem this communication worthy an insertion in your Journal, you are at liberty to use it.

Mrs. ———, aged 43 years, has aborted several times since her marriage, 15 years since. I was requested to visit her in February last. On my arrival at the house, I found that labor, after the full term of utero-gestation, had commenced at 4 o'clock, P. M. February 12th, and continued until the 17th following. The labor was very severe; pains during that time “would subside, and again return at short intervals, with great severity,” as I was informed. I did not see the patient until the morning of the 17th, before the birth of the child, which was on the following noon. As no pain or hæmorrhage followed the expulsion of the child, nor by the usual means resorted to in order to produce contraction of the uterus, I made a slight extension of the cord, which readily came away, bringing with it a morbid portion of the placental mass. I then immediately introduced the hand into the uterus, without resistance, and grasped the placenta, which was found so firmly adherent to the fundus uteri that I could but partially detach it without producing the most excruciating distress. Deeming farther attempts to separate the placenta by force very hazardous, I abandoned the attempt, and endeavored to remove the coagula from the vagina, and arrest the hæmorrhage by exciting the uterus to contraction by a rotatory motion of one hand in the uterus, and by attempting with the other to grasp the tumor externally. But all my attempts were in vain, either to arrest the flooding or harden the abdominal tumor. The abdomen was ex-

quisitely sensitive, for which I ordered lin. ol. olivæ cum terebinth. to be daily applied, which were of much advantage. As the patient fainted every ten or fifteen minutes, I gave her brandy with liquor ammonia, which removed the faintness. Gave ergot in ℥j. doses every twenty minutes, until ʒij. were given; no pain—hæmorrhage not abated. I then withdrew the hand, and added acet. plumbi to the ergot; waited twenty minutes, and repeated the dose. Cold water in the mean time was applied, as the tenderness of the abdomen began to subside after the application of the liniment. In twenty minutes pain commenced, and continued very severe for thirty minutes, without producing any other change than prostration of the patient. As the pain and hæmorrhage threatened the destruction of the patient, I gave tinc. opii cum tinc. sulph. acid aromat. The pain and flooding very soon began to abate, with a contraction of the neck of the uterus. Fearing internal hæmorrhage, the friction and liniment were resumed, and when the pain was severe, I gave powders of ergot, acet. plumbi et opii, which, when given, allayed the pain, with hardening of the abdominal tumor and expulsion of coagula. After the bowels were first freely evacuated, they were kept in a soluble state by electu. senna et tart. potas. cum soda. The febrile excitement was combatted with acidulated drinks—with powders of ipec. camph. et nitras potass. by day, and Dovers's powders, with tart. antimo. by night.—In consequence of the putrescent state of the placenta, which came away piecemeal daily, for twelve days, chlorid. soda was used, and with the most happy effects.

Up to the time I am writing, both mother and child are doing well.

HIRAM PARKER.

Lowell, May 4, 1837.

OPACITY OF THE CORNEA CURED BY BELLADONNA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following communication is from the pen of Dr. Prather, of St. Louis, a gentleman eminent for professional attainments, and for correct habits of observation. Please give it an insertion in your valuable Journal, and oblige

Yours truly,

Boston, May, 1837.

E. J. D.

Dr. Davenport. Dear Sir:—By your request I send you a few particulars of the case which I mentioned to you.

On the 4th Sept., 1836, I was consulted by Mr. S. for a defect of vision. On examination I found the visual powers of the left eye irretrievably lost, by the destruction of the cornea, &c. In the right eye, lymphatic deposits, of the inferior and internal three fourths, or a little more, of the cornea, had entirely destroyed its transparency, and the remaining portion of it was so much clouded that the rays of light could pass through it but imperfectly. There was every mark of ulceration having passed through the cornea in the inferior and internal portion (a

short distance from the axis of vision), to which portion the iris was permanently attached. This latter membrane showed indubitable evidence of former inflammation. In consequence of which, and of the attachments to the cornea, the pupil was considerably contracted, and of an oval shape, so much so as to confine it behind the opacity of the cornea and destroy vision in a bright or clear light, and make it very imperfect under the most favorable circumstances, even when the pupil was most dilated. The pupil could only be seen through the more transparent part of the cornea, and showed considerable irritability of the iris from its contracted state under the influence of a strong light, which contributed considerably to impair the vision. He could see to promenade the streets only on a cloudy day or after the setting of the sun. His health was good, temperament sanguine.

The history he gave of his case was as follows. About four or five years since he was attacked with variola, which was severe, and followed by inflammation of the eyes. This raged with great violence for some time, under very mild treatment. Additional advice having been procured, the treatment was made more energetic, and in some considerable degree abated the inflammatory action. But not having obtained relief, some two or three months after the ophthalmic attack, and after blindness had existed for some time, he applied to a quack in the neighborhood, who applied "strong plasters" to both eyes, which destroyed a part of the globe, and consequently vision, of the left eye, and improved that of the right to the condition as above described—no alteration, as he says, having taken place from that time until I saw him.

Treatment.—Two indications were manifest; either to remove the obscurity of the cornea, or make an artificial pupil by enlarging the naturally contracted one; and a third might succeed, viz. to destroy the attachments between the iris and cornea. To enable me to make an election, I applied the extract of belladonna externally around the eyelids. It had but little effect in dilating the pupil, but what dilatation took place was in a favorable direction towards the clear portion of the cornea, and consequently improved his vision. I continued it for several days, then discontinued it. The pupil reassumed its former position, and the power of vision returned. In consequence of the improvement of vision from its application, the pressure of professional business at that time, and the hope that extension of the parts might make a change, I directed him to continue the application every night, and let it remain till morning—to live on a light diet, and take a dose of Cook's pills every other night (these pills are composed of equal quantities of calomel, aloes and rhubarb). This prescription he continued 8 or 10 days, when, to my astonishment, I observed that the obscurity of the cornea had disappeared from the absorption of the deposits in that membrane, and particularly in those portions which were the least opaque, and at the inferior union of the cornea and sclerotica, which latter change enabled me to observe some slight enlargement of the sanguinary vessels passing from this portion of the sclerotica to the opacity. I divided them with a cataract knife. Ordered the same prescription to be continued. In four weeks he was able to read large print and write legibly; when

he made a visit to a neighboring village, remained 4 or 5 weeks, discontinued the prescriptions, and lived on the most gross diet. On his return he could see to read with facility any print, and write legibly. The irritability of the iris had disappeared, and the pupil remained more dilated. The obstructions in the cornea had regularly and progressively become less and less, notwithstanding the discontinuance of all treatment, and much indulgence in improper food. A short time after his return, he left for the South, to commence business.

Some may suppose that the dieting and the pills might have been the principal agent. This is settled by his having repeatedly made trial of the same course without the extract of belladonna.

Yours, most respectfully,

J. V. PRATHER.

St. Louis, Mo., March, 1837.

POISONING WITH LEAD.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Most of your readers are probably familiar with the statements on record respecting the deleterious effects of the oxides of lead, when received into the human stomach, and perhaps many facts may have come under their own immediate observation, in the routine of daily practice; which though deemed unworthy of publication, were to them highly instructive. A few such have come within my own range of observation, and one of them was a matter of personal experience. The story is as follows:—

The family in which I boarded had stewed a considerable quantity of pears, which they had put in the common red earthen pots of this country. Of this fact I was not, however, aware, and ate very freely of the pears, much more so than the rest of the family. After several days, I thought I observed a sweetish taste to them, but as I did not suspect they were kept in earthen, I continued to eat them. Presently my mouth began to be sore, and subsequently my throat. Still I did not for two or three days suspect the cause. At last, one evening as I was eating of the pears, and observing their sweetish taste, the thought struck me that they might be poisonous. On examining the jar in which they were kept, I found that the glazing was off in several places; and in a few, to a considerable extent. I now had little doubt that I was poisoned by acetate of lead, formed by the chemical combination of the acid with the metallic substance of the glazing.

But I will be a little more particular in my description. The soreness of my mouth was preceded by considerable thirst, especially at evening; a thing quite unusual with me. Then followed a general redness, tenderness, and ultimately a deep soreness of nearly the whole mouth and fauces. The inflammation, however, was greatest under my tongue. My appetite was not affected, nor my general thirst increased; it was constantly a little greater at evening. Almost every sort of food, except of the mildest kind, such as rice, gave me pain, both by its

presence in the mouth and by the heat and smarting it occasioned. My mouth was usually more dry in the morning than at evening, though the thirst was rather less. Sometimes there was a temporary salivation, and a slight (if I mistake not) metallic taste. There was, for four or five days, an almost constant feeling of constriction of the mouth, especially of the lips, which I was prompted frequently, and, as it were, involuntarily, to extend. The roof of the mouth was very little affected at all; and none with this sense of astringency.—The soreness of the mouth continued more than a week, after which it gradually diminished, and at length disappeared. Only one of the rest of the family (four in number) appeared to be affected. She had a slight redness about the region of the palate, for one or two days.

No other troublesome symptom appeared during the whole time, except a degree of lientery, accompanied with an unusual irritability of the first passages, and occasional, sometimes severe, pains in the stomach. Nor am I sure that the pain in the stomach was not aggravated by imagination. The healthy state of the bowels was restored a day sooner than that of the mouth. The contraction of the lips and the desire to stretch or extend them continued till the mouth was quite well.

There were no other causes to which I could trace the affection I have described, which could have been half adequate to its production. I had not for some time previous departed in any considerable degree from my usual habits of diet, &c. which are extremely simple, except in the following respects. I had once or twice eaten of some peas not quite boiled; and once of a very small quantity of maple sugar.

If any of your readers should wish to make further inquiries in regard to the case, or if any should doubt whether the symptoms could have been produced by the cause I have supposed, I hope they will not hesitate to express their opinions or suggest their doubts.

Yours truly,

W. A. A.

Boston, May 5, 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 17, 1837.

CURTIS ON THE EYE AND EAR.

COPIES of plates representing the anatomy of these important and complicated organs, well colored, and as accurately drawn as they well can be, have been forwarded by the author, Mr. J. C. Harris, aurist, to Mr. Ticknor, medical bookseller and publisher, Boston. One plate, a diminished copy of a very common illustration by Sir Charles Bell, of the course of the great sympathetic nerve, accompanies the commission. Although it purports to show the intimate connexion existing between apparently remote parts, it also endeavors to explain derangements of the nervous apparatus, the frequent cause of deafness and blindness.

However, this is all fustian to a well-read surgeon, who would as soon think of consulting the structure of the spiracula of a honey bee, as these diagrams, with reference to an operation. It is pretty certain there is nothing new presented in them, though there may be much, for aught we know, in the text, worth the attention of American physicians.—Not having had an opportunity of examining it in detail, we are totally unable to give an opinion of the value of Mr. Curtis's physiologico-pathological facts,—a copy not having been placed at the disposal of the Journal, which was an oversight in the author, as, for a general rule, no work can be noticed in its pages, which is not at hand by way of constant reference. Beside, it is not unfrequently the case that strangers, calling in, are desirous of viewing new publications which are spoken of in a medical periodical, before they purchase. They like to ascertain the quality of the paper, the character of the type, and inspect the plates,—a very natural and commendable sort of prudence. One of the most ready methods of introducing a publication to the profession, is to forward specimens to all the medical periodicals as soon as possible. Unless this course is adopted, the sale will generally be unnecessarily slow and tediously productive.

GENERAL SPECIES AND ICONOGRAPHY OF RECENT SHELLS.

FOREIGN as the subject of the following remarks will be found to be from the immediate consideration of medical science (the theme in which we are exclusively interested, for a general rule, in these pages), there is a pleasure in making a departure, in this paragraph, from the graver topics of the healing art, to speak in terms of warm approbation of the industry of a fellow townsman, whose contributions in the department of natural history are deserving of particular acknowledgment. We allude to Dr. Storer's translation of "General Species and Iconography of recent Shells, comprising the Massena Museum, the collection of Lamarck, the Collection of the Museum of Natural History and recent Discoveries of Travellers, by L. C. Kiener, &c." Although it is supposed by this gentleman that several years will be required to complete the translation, owing to the slow manner in which the original is received in this country, in the sequel there will probably be eight volumes, of three hundred pages each. It is proposed to continue the labor of translation, should there be sufficient encouragement to meet the expense of printing, and afford each number of *one hundred and fifty* pages, large octavo, at \$1.50 a number. The work of M. Kiener, proposed to be liberally supplied, however, with costly drawings, will cost, when delivered in the United States, *one hundred and eighty-seven dollars*.

Knowing that very many medical gentlemen are enthusiastically devoted to the study of conchology, and fully believing it would be a welcome kind of intelligence to them to be apprised of the appearance of a publication, which, for accuracy and scientific value, has perhaps never been equalled in any language, we shall consider it wholly unnecessary to apologize further, for this departure from ordinary topics. Mr. W. D. Ticknor, Washington Street, is the publisher.—It is opportune to mention, in connexion with his name, that he has now a good selection of medical works on the shelf; and new ones, of recent European origin, are constantly arriving in the Liverpool packets.

American Skulls.—It has been announced that Dr. Samuel G. Morton, of Philadelphia, is collecting materials for a work to be entitled *CRANIA AMERICANA*, in folio, with from twenty-five to thirty plates, having two engravings of a natural size on each sheet. It is further said that Dr. Morton has in his possession one hundred and forty skulls; sixty-three belonging to American tribes of Indians, but only twenty-three of them are of North American origin.

Without knowing anything of the particulars of the plan which the author has in view, we take the liberty of inviting him to Boston, where he will find the largest collection of human skulls in the United States. In the Phrenological Society's cabinet, there is a craniological treasure. In the private collections of several gentlemen of the city, there are also heads worth examining. We can ourselves point out the location of many that are entitled to the first place in the contemplated work. Of the monumental skulls, taken from the western tumuli, Dr. Morton should make himself familiar. Only last week, *nine very rare heads*, and *five mummies*, arrived here, from Peru, whose very dresses, in a fine state of preservation, owing to the saltpetre in which they were buried, show the exact condition of the economical arts in South America more than one thousand years ago.—But as we are preparing a paper upon this subject, its contents cannot with propriety be anticipated here.

Operation of Lithotomy.—April 1st.—This day we witnessed Dr. Dudley's one hundred and thirty-ninth operation of lithotomy. The subject was a boy, between six and seven years of age, from East Tennessee. We have assisted this distinguished operator in some fifteen cases, and have seen, altogether, about twenty patients cut for stone in the bladder, and so extraordinary are the circumstances that attended this unusually interesting case, that we fear the public will be slow to credit our report. A dozen professional gentlemen of Lexington can testify, that the boy was untied in forty seconds from the time the first incision was made. The manly little fellow did not manifest, during the time, the slightest want of fortitude, or utter a murmur. The calculus was of a flattened-ovate, inclined to triangular, figure, and apparently of the fusible variety of Wollaston. It was one and a half inches in its largest diameter, one and a quarter in breadth, and five eighths of an inch thick, and weighed three hundred grains. We promise a more full account, in the next number of the *Journal*, of this gentleman's recent operations.—*Trans. Jour.*

Convulsions of Children.—It is well known, that children of various ages, but especially while they are under six or eight years, are liable to convulsions from causes which are far from being obvious, and that the first attack is often fatal. Worms, constipation, a surfeit or plethora with cerebral determination, is generally assigned as the immediate cause of the attack. An emetic, the lancet, and a tepid bath, are commonly the first remedies. But during the convulsion, the child cannot swallow; blood-letting, as we know from experience (however far it may be carried), will not always secure a favorable termination; and the value of a tepid bath, appears to us to be greatly overrated. Discouraged as to a reliance on these means, we lately resolved on a course somewhat the reverse. Being hastily called to a little girl four years old (whose sister had expired of convulsions in the bathing tub the year before, imme-

diately after venesection), we found her in violent spasms. A warm bath had been prepared, but in place of it, we resorted to the cold dash, and in less than a minute perfect relaxation, with quiet of the muscular system, was the consequence. Lest the sinuses of the brain should have become engorged, we drew a moderate quantity of blood, and then gave repeated enemata. Still further, after the patient was able to swallow, we administered an emetic. Nothing, however, was discharged from the alimentary canal, that indicated a morbid state of its contents, and it seemed to us that the victory was won by the cold water alone. It is to bear testimony in favor of this practice (not suggested as new), that we have thought the case entitled to publication.—*West. Med. Jour.*

Transylvania Medical School.—The Transylvania Medical Journal, which has just come to hand from Lexington, Ky., contains a brief notice of the recent occurrences in the above-named school. It is stated that a full investigation of the state of the college has been made, the full result of which is not yet known. Dr. Caldwell, however, has been dismissed, and the faculty temporarily dissolved. They were to meet again the latter end of April, to re-organize a faculty. No delay in the operations of the school is anticipated.

Great Ascitic Effusion.—A case of ascites is related by Dr. J. B. Beall, of Missouri, in the Western Medical Journal, in which the patient was tapped ninety-six times during the last three or four years of his life, and serum to the amount of 275 gallons was drawn off.

Cure for Tetters.—Dr. Savardan, in a communication in the Jour. des Connaiss. Med. Chirurg. for January, 1836, boasts of having obtained great success in the treatment of tetters (dartres), by an ointment composed of one part of the sulphuret of lime and eight parts of lard. This ointment is rubbed on the affected part with the palm of the hand, for a quarter of an hour, morning and evening.—*Amer. Jour. Med. Science.*

Miscellany.—Isaac Newton Slocombe, a medical student from the United States, who has been about one year in England, recently died at Kingston, in consequence of injuries received in a street squabble with one William Bayne.—Considerable excitement was made the other day in Church street, New York, by the discovery of two hands and part of a human face, which were afterwards ascertained to have dropped from a cart in which the effects of a surgeon were being removed to another location.—The Censors of the Suffolk Med. District will meet at No. 25 Winter St. on the 25th inst., for granting licenses.—At the late meeting of the Boston Medical Association, Dr. Higginson was chosen Secretary, in the place of Dr. Storer, who resigned.—The Ulemas have consented to the proposition of the Sultan of Turkey, to introduce the study of practical anatomy, with the proviso that none but the bodies of Christians and Jews should be used in the dissecting rooms.—Broom-seed, in the form of tincture, is recommended as a remedy in dropsical affections, in a pamphlet by the late Dr. Richard Pearson, one of the physicians of the Birmingham Hospital, England.

The Report of the New Haven County Medical Society on the subject of irregular practitioners is received. It is our intention to insert it entire in the Journal, as soon as we have room.

DIED.—In Windfield, Herkimer, Co. N. Y., Dr. Zedina M. Ball, aged 60.—At Natchitoches, Lou., Dr. John Sibley, aged 85, formerly of Worcester Co., Mass.—In Norwich, Ct. Dr. John Turner, aged 73.

Whole number of deaths in Boston, for the week ending May 12, 31. Males, 20—Females, 11.

Inflammation on the lungs, 5—dropsy on the chest, 1—infantile, 1—scarlet fever, 1—croup, 1—sudden, 1—abscess of the pleura, 1—disease of the heart, 1—disease of the spine, 1—pleurisy, 2—burn, 1—anaemia, 1—syphilis, 1—hernia, 1—cancer, 1—spasms, 1—ulcers on the lungs, 1—intermittent fever, 1—hemorrhage, 1—inflammation of the bowels, 1—dropsy on the heart, 1—drowned, 1.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DUBGIN, Portland, Me., JOSEPH BALCH, JR., Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn. Oct. 5—6m

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anut clinical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—1f

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

April 12—3t

MEDICAL INSTRUCTION.

THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

Applications may be made to either of the Subscribers.

MARSHALL S. PERRY, M.D.

AUGUSTUS A. GOULD, M.D.

HENRY I. BOWDITCH, M.D.

HENRY G. WILEY, M.D.

Nov. 30.

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

Boston, Oct. 7, 1836.

tf—Oct. 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, MAY 24, 1837.

[NO. 16.]

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.—NO. II.

BY DAVID KING, JR., M.D. NEWPORT.

“What are the causes and nature of PURPURA HÆMORRHAGICA, and the best mode of treatment to be employed therein?”

[Continued from page 236.]

CASE IV.*—The patient, æt. 12, was scrofulous, having a chronic disease in her left wrist. June 21, a spot appeared on her under lip, like the mark from a pen, and the next morning similar ones were seen studded over her legs and arms. She walked to Mr. Wood's house (about a mile's distance), with ease. Some opening medicine was ordered. Mr. W. found her the next day sitting by the fire, her pulse good, and unconscious of ailment. Salts were given. At 10 at night she had some milk and bread, and soon afterwards went to the water-closet, and again betwixt 3 and 4, A. M., when she was extremely faint and giddy. There was severe pain in the right temple, and distressing sickness supervened. What she vomited was tinged with blood, and her gums now bled readily. Most alarming languor and exhaustion succeeded; the tendency to vomit continued; the pulse was scarcely perceptible; symptoms of oppressed brain manifested themselves, and at 3, P. M., she died comatose.

Dissection.—Surface, as before described. The pericranium and dura mater were covered with petechial spots. On removing the membrane, the effects of large effusion of blood were evident. In the right templar region, a firm coagulum, floating in bloody serum, had forced its way through the broken-down brain into the ventricle. The serous membranes of the chest and abdomen were studded throughout with dark livid spots.

Several cases of purpura hæmorrhagica, with a detailed account of the appearances after death, will be found in the work of Rayer, under the article *Hémacélinose*. The results of these post-mortem examinations we have stated previously.

Several pathologists have endeavored to investigate the pathology of the fluids, in this disease, but as yet no satisfactory results have been obtained.

* Case of Purpura Hæmorrhagica. By W. Wood. Edinburgh, Medico-Chirurgical Transactions, vol. 1. See London Medico-Chirurgical Review, vol. VI. pp. 196.

The following is the result of an analysis of the urine of a patient affected with purpura hæmorrhagica. This case is related in the Transactions of the Medico-Chirurgical Society of Edinburgh, vol. 1, pp. 671, by Ebenezer Gairdner, M.D.

"No. 1, voided on 2d May, at half past 2 o'clock, P. M., was of a brown color, without smell. On standing, it deposited a precipitate of a dark color, while the superior part of the fluid was of a dirty pale yellow color, and turbid. When the urine was shaken it resumed the original brown appearance; and a portion of it, that was set aside, after eighteen hours standing was still without smell.

"*Experiments.*—1. Litmus paper was stained slightly red.—2. A dense white coagulum was produced by a heat of 180°.—3. Diluted nitric acid and alcohol produced a similar coagulum.—4. Corrosive muriate of mercury caused an abundant white precipitate.—5. Lime-water produced a very slight precipitate.—6. Potash did not cause any precipitate.—7. One fluid drachm contained 2 1-2 grains of solid matter; the urine contained 1-24th part of solid contents.—8. A slight precipitate was produced in the clear liquid, by the corrosive muriate and infusion of gall.—9. The clear liquid contained a considerable portion of a coloring matter, and but a small quantity of phosphoric salt, with no urea.

"Nos. 2 and 3, voided at 5 and half past 5 o'clock, P. M. of 2d May, differed principally from No. 1, in containing more free acid and less albuminary matter, the urine containing only 1-27th part of solid contents.

"In the 8th experiment, the precipitate was rather more copious, indicating the presence of gelatine and mucus.

"In the 9th experiment, also, the appearances were rather more distinct.

"Dr. Combe has shown, in his case of purpura,* that there was an excess of albumen, with a deficiency of urea, similar somewhat, in this respect, to the present case.

II. The striking characteristic of this disease, is the general hæmorrhagic tendency. It seems evident, therefore, that some light will be thrown on its nature by considering the pathology of hæmorrhage.

A difference of opinion exists among pathologists in relation to the mode in which spontaneous hæmorrhage takes place.

One class of pathologists suppose it to arise from the rupture of bloodvessels. Thus hæmoptysis was considered by the older writers, and is regarded now by some moderns, as attributable to ruptured bloodvessels. The error of this explanation is fully proved by the fact, that no ruptured bloodvessels discover themselves on examination after death, and in some cases no morbid appearance in the mucous membrane lining the bronchiæ. The same reasoning is true in regard to the hæmorrhages from the other mucous membranes; no erosion of bloodvessels and no cicatrices being revealed by post-mortem examination.

Another class of pathologists attribute spontaneous hæmorrhage to debility and relaxation of the capillaries, in connection with excessive

* Edinburgh Med. and Surg. Journal, No. 66.

momentum of the blood. The advocates of this doctrine disregard the great discovery of Bichat—the distinction between the vascular circulation and the capillary circulation. The vascular circulation is maintained by the propulsive power of the heart, direct from the arteries, through certain capillaries, to the veins. But the portal circulation, and the lymphatic, cannot be explained on the principles of hydraulics. The reasonings of Bichat, that the capillary and parenchymatous circulation is maintained by inherent forces of its own, are unanswerable. Hence the true pathology of the circulating system must be based on the doctrine of physiology, which admits of two kinds of circulation. 1st. The direct circulation performed by the heart. 2d. The capillary or parenchymatous circulation, performed by inherent and vital forces of its own. The doctrine which ascribes hæmorrhage to the vis a tergo of the heart's action, is disproved by these last results of physiological discovery. Spontaneous hæmorrhage takes place, not from those capillaries which belong to the direct circulation maintained by the heart, but from those capillaries which belong to the parenchymatous circulation. The latter circulation is maintained, not by mechanical forces, but by vital forces. Its pathological phenomena must be explained, therefore, not on the principles of mechanics, but on those of vitality.

The third class of pathologists regard spontaneous hæmorrhage as an exhalation of blood, produced by an alteration of the vital forces of the capillaries or exhalents. This pathology of hæmorrhage was first advanced by Bichat, who sustains it by unanswerable arguments. As physiology and pathology advance, the doctrine which ascribes hæmorrhage to a morbid and vital act of the exhalents and capillaries, will prevail more and more over those which disregard the distinction between vital laws and the laws which govern inanimate matter. The mechanical doctrines of spontaneous hæmorrhage, while unsupported by facts, carry our science back to the days when the human body was regarded as a machine, governed by chemical and mechanical laws. The great truths, discovered by Bichat, should not in this day of improvement be thus trampled upon.

Now, purpura hæmorrhagica is characterized, in the great majority of instances, by a disposition to hæmorrhage, in the external and internal tegumentary tissues, in the skin and mucous membranes. In some cases, this hæmorrhagic disposition extends to the serous membranes; and in a few rare instances it affects the parenchymatous structure of the different organs, and prevails in all the tissues which enter into the composition of the organs of the economy. The whole phenomena of the disease, the general hæmorrhagic irritation, and obvious derangement of the great secreting viscera, evince that the source of this disease cannot properly be ascribed to any one organ, or its morbid sympathies, but rather to some part of the system which has a pervading influence, and a powerful control over the functions of the organic life.

In an interesting case of purpura hæmorrhagica, which came under my observation in the summer of 1834, the only probable cause which could be assigned to the disease, was the patient's exposure to putrid exhalations arising from decayed cisterns, in which vegetable and animal

matter was undergoing decomposition. The patient, a little girl, was pale, exangious, emaciated, and seemed to have suffered from want of food; but on inquiry, I ascertained that she had been supplied with a sufficient quantity of food, and of proper quality. What, then, could have interrupted the processes of nutrition, and produced the general depression, and hæmorrhagic disposition in the system? It seems perfectly accordant with sound pathological doctrines, and true physiological principles, to suppose, that in this case the putrid exhalations, to which the patient had been exposed, produced a morbid state of the organic nerves, and through the agency of these, that derangement of nutrition, of secretion, and of the whole vascular system, which characterize the disease.

The anatomical and functional relations of the ganglionic nerves, would seem to point out that portion of the nervous system as chiefly implicated in purpura hæmorrhagica.

It is the function of the organic nerves, distributed throughout the vascular and capillary systems, to impart vitality to the blood, to maintain its circulation in the parenchyma of the different organs, to preside over nutrition, secretion, and the vital processes constantly going on in the intimate texture of the organs of the economy.

The hæmorrhagic irritation, which, in purpura hæmorrhagica, prevails more or less in the different tissues and organs, can only have its seat in the organic nerves distributed to the capillaries. Again, the symptoms of this disease evince a general functional disturbance in those organs, and an interruption of the processes of secretion and nutrition, over which the organic nerves preside.

The researches of Dr. Stoker and others, have shown the almost invariable occurrence, in this disease, of morbid alterations of the blood. From their anatomical and physiological relations, the organic nerves cannot remain in a normal state whilst the blood is diseased.

The anatomical connections of the ganglionic system with the cerebro-spinal system of nerves, especially the inosculation of the par vagum with the solar plexus, show how the primary irritation of the ganglionic nerves may be aggravated by the depressing passions; and how, consecutively, may be produced the prostration of mind, the loss of muscular energy, the pains in the back, loins, and limbs, and the other symptoms of cerebro-spinal affection, which usually attend this disease.

Whether the primary link in the chain of morbid actions consists in an affection of the organic nerves, or in a morbid condition of the blood, future investigations in regard to the predisposing and exciting causes of this disease will indicate. The effects of putrid vegetable and animal matter, when injected into the bloodvessels, as illustrated in the experiments of MM. Gaspard and Magendie, evince that primary morbid irritation of the organic nerves, distributed throughout the vascular and capillary systems, is capable of producing, not only the phenomena of fever, but morbid alterations of the blood, and sanguineous effusion from the capillaries in the mucous membrane and in the intimate structure of the viscera. One of the effects of animal poison, on this class of nerves,

is illustrated in Lucan's description of the general hæmorrhage produced by the bite of the hæmorrhoids, a Libyan serpent.

"Impressit dentes Hæmorrhoids aspera Tullo
Magnanimo juveni, miratorique Catonis.
Utque solet pariter totis effundere signis
Corycæ pressura croci : sic omnia membra
Emissere simul rutilum pro sanguine virus.
Sanguis erant lacrymæ quæcunque foramina novit
Humor, ab his largus manat cruor : ora redondat,
Et patulæ nares : Sudor rubet : omnia plenis,
Membra fluunt venis : Totum est provulnere corpus."

LUCAN'S PHARSALIA. Lib. ix. ver. 806.

Diagnosis.—Purpura hæmorrhagica is easily recognized by its two leading characteristics, the petechiæ and ecchymoses on the skin, and the hæmorrhages from the mucous membranes. We leave the question in regard to the difference between this affection and scurvy, or their identity, to be determined by future investigations.

Prognosis.—The prognosis of this disease is very uncertain. The following remarks are taken from the valuable work of Rayer. "L'hémacélinose indépendante de toute complication, offre un danger proportionné à la quantité de sang perdu dans les hémorrhagies, qui ont lieu simultanément ou successivement sous la peau et dans son épaisseur, à la surface ou dans le tissu des membranes muqueuses, au-dessous des membranes séreuses et dans le parenchyme des viscères. D'ailleurs la gravité de ces hémorrhagies varie, suivant l'importance des tissus ou des organes affectés. L'existence antérieure ou le développement accidentel d'une maladie, du poulmon, du cœur, des organes digestifs, etc., rendent le pronostic plus fâcheux et le traitement plus difficile."

Treatment.—It is impossible to form precise rules of treatment in this disease. It is evident that it assumes a great variety of forms; that though it has its invariable and distinctive characteristics, yet the degree of constitutional energy accompanying each particular case, and the morbid states with which it may be associated, vary to an indefinite extent. Hence in considering the treatment of this disease, it will be proper to take such general views as pathological research justifies; not confining our attention to its inflammatory states with Parry, or to its states of depressed vital power with Willan.

A professed nosologist might consider this disease under its sthenic and asthenic forms. But in the present state of our knowledge of purpura hæmorrhagica, such a division would not contribute to accuracy in the adaptation of remedial measures to the different pathological states which accompany its various forms.

From a review of recorded cases, it would seem that the following indications may arise to be fulfilled in different cases of purpura hæmorrhagica. 1st. To diminish plethora, and remove inflammatory or congestive tendencies. 2d. To remove the hæmorrhagic disposition, which, in our opinion, is owing to an irritability, or change in the organic action of the ganglial nerves distributed to the capillary system. 3d. To restore the secretions, particularly the hepatic. 4th. To raise the vital energies, and impart force to the capillary system.

1st. To diminish plethora, and remove inflammatory and congestive tendencies.

Plethora, accompanied by inflammation or congestion, attends this disease in its more active forms. Hence Parry was led to regard it an inflammatory disease, and Bateman a congestive disease. Blood-letting is the great remedy, where such symptoms manifest themselves.

If the disease occur in adults, whose sanguineous system is largely developed, who are at once plethoric and robust, whose previous living has been substantial, who have enjoyed exercise in the open air; and if, to these circumstances of age, constitution and previous habits, there be added symptoms of local determination, either to the head, thorax, or abdomen, or if the pulse be firm and hard, or evince that the system is laboring under a load which oppresses it, the practitioner has only to follow in the steps of Parry, and subdue the disease by blood-letting.

The indications for blood-letting may not be so evident in other cases of the disease; the pulse may be feeble and frequent, and yet the signs of excessive congestion clear—the patient being affected with cough, dyspnoea, and pains in the thorax, or with symptoms of cerebral congestion, or of congestion in the portal circle. Now in the treatment of such cases, two errors may arise, and have actually occurred in practice, as recorded cases evince. First, the practitioner, adopting the general principle of Parry, that the disease is essentially inflammatory, has bled, when the common vascular circulation would not bear it. Second, the practitioner, taking the pulse as the nosometer of disease, has mistaken congestion for debility, and by the use of tonics has aggravated the congestion—the true cause of the debility. In such cases, the true object being to withdraw the blood congested in the capillaries into the common vascular circulation, and the pulse not admitting of blood-letting, it will be proper to resort to diffusible stimulants, in connection with counter-irritants and local depletion;* in this manner keeping up the energies of the system, and relieving the engorged capillaries. If the pulse becomes fuller, but symptoms of congestion remain, it will be proper to resort to venesection. “If the patient expresses himself relieved, and the pulse becomes fuller and less frequent, we have encouragement to proceed, till we have relieved, in a degree, the system of the load which oppresses it.”—*Stoker*.

Again, venesection is indicated when purpura hæmorrhagica is complicated with inflammatory diseases; for instance, with general acute rheu-

* The hæmorrhagic tendency in this disease is so great, that cupping and leeching cannot frequently be applied, on account of the danger of subsequent hæmorrhage from the leech-bites and scarifications. Macintosh† says, that in venesection a larger orifice should not be made than is actually necessary, as subsequent hæmorrhage frequently occurs from the vein, and difficulty is experienced in suppressing it. The practitioner can judge of the safety of local depletion, in some degree, by the appearance of the blood; if it coagulates, when it has been exhaled from the mucous membrane of the mouth, and forms crusts which tenaciously adhere to the mucous surface, there can be no danger from such depletions. These phenomena of the blood evince an inflammatory diathesis, and indicate, in the opinion of Dr. James Johnson,‡ the safety of venesection.

† Macintosh's Practice.

‡ Med.-Chirurgical Review, July, 1828. Pp. 213.

matism, as in the following cases, communicated by Dr. J. S. Combe to Dr. Macintosh, of Edinburgh :—

“A remarkable case of purpura was pointed out to me (says Dr. Combe) by the late Dr. Kellie. The subject was a brewer’s servant, big and plethoric, who, on the fourth day of an attack of acute and general rheumatism, was found covered with bright petechial spots; he also discharged some blood from the bowels. Active depletion was had recourse to, and he made a quick recovery.” Dr. Combe states that he lately saw a robust girl, aged 5, who had been attacked with a violent convulsive fit, and on recovery complained of severe pain of the head. “In a few hours I saw her, and as smallpox prevailed in the neighborhood, her friends considered it as such, and pointed out some spots on the skin; they were, undoubtedly, petechial, and covered nearly the whole body, with smart fever and vomiting. On the 3d day the extensor muscles of the head were so painful that she could not bend it forward without much suffering; in a few hours this was followed by acute pain of all the larger joints. The spots on the 5th day were fainter in color, and disappeared in a few days after; but eight days more elapsed before the rheumatic affection subsided. She was treated actively by venesection and purgatives.”*

(To be continued.)

OF THE COLOR, FORM, FEATURES, &c. OF THE FUTURE OFFSPRING.

BY SAMUEL FISH, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are fixed laws and a cause for everything; for the globes which move in the heavens, and the dust which floats in the air—for the light which is reflected from the planetary worlds, and the color and tints of the whole of nature’s productions. The universe is a vast machine, in which one thing puts another in motion, and that another, like some little wheel, which after it has received an impulse from a different power, puts a complicated machine in operation. We are all aware that the heavenly bodies revolve in their respective orbits by means of laws which never vary, but we are not so conscious that there is an unerring cause for the color, form, and features of every infant and every animal that is ushered into the world.

Let us look at this thing a little farther. And, first, let us inquire what it is that causes such a variation in this respect in the human species, so that out of the innumerable multitudes that populate the earth, no two persons can be found who exactly resemble each other. But very little attention has been paid to this subject; yet we have some data from whence we may obtain tolerably accurate testimonials. The ancient patriarch Jacob was probably a philosopher, as well as a person who could foretell future events. That he was taught of God, matters not in regard to the reality of the thing. Whether a person becomes acquainted with the nature of things by observation and subsequent de-

* Macintosh’s Practice.

ductions, or by having the veil removed and beholding them through a different medium from others, is the same thing. Material substances cannot be altered by the means. From some cause or other, this righteous person knew, that by peeling the rods of the poplar, the hazel, and the chesnut, so that there should be white and dark-colored streaks, spots, &c. in them, and placing them in the gutters and watering troughs, when the flocks and herds came to drink, the eyes of the cattle would be upon the rods, and that when they conceived they would bring forth ring-streaked, speckled or grizzled, according to his desires.

The common people are sometimes philosophers, or philosophers in some things. Farmers, by being continually among their flocks and herds, have learned some facts which those who are accounted wise do not know. Many of them are aware that when a cow or a mare is to receive the male, a full view of him immediately afterwards will impress his likeness upon the future progeny. "Stand before my mare," said a wag upon such an occasion, "for I want to have a black colt." It is the custom among grooms, in some places, to lead the horse in front of the mare, after she has received him, that she may look at him a minute or two. The ancient Greeks, ever solicitous for the improvement of their race, hung up pictures of strong athletic men and handsome women in the apartments of their wives, that they might have effect upon their offspring.

Darwin ascribes the likeness of the progeny to the imagination of the male after coition; but, though this may have some effect, it is doubtless owing more to the female than the male. It is his opinion that the sex is formed, and the form of the features moulded, in conformation to the thoughts and imagination of the male at that time. If his thoughts run upon a handsome female, the sex and external appearance will be determined by such thoughts.

That the color, form, and features are, in some measure, more or less determined and produced by the objects with which the female is associated from the period when gestation commences, until it is determined, is proved from the following facts and circumstances. Some twenty or twenty-five years ago, a relative of mine purchased a yoke of oxen, one of which was perfectly white. There was not another creature of this color in the whole town, and not another in the herd to which this now belonged that had scarcely a particle of white belonging to it. Notwithstanding this, a cow that stood by the side of this creature during the winter succeeding the purchase, had a calf which perfectly resembled him in form and color. I have remarked myself, and others have done the same, that women who have the care of, or are in the presence of, very sick persons during the months of gestation, have children with distorted features, and other resemblances of the sick person. An acquaintance of mine had a man in his employ, whom his wife, from a number of disagreeable attributes belonging to him, disliked so much that she said she perfectly hated him. She could not express her antipathy in terms strong enough to correspond with her feelings. He was a singular featured person, differing as widely in this respect from any of the family, as two persons of different and distinct nations. Not-

withstanding this, a daughter of this woman, born during the period of his service, resembled him so perfectly in her external appearance, that even after she was twenty years old, all who were acquainted with them made frequent remarks about it.

One fact more, out of a great number which might be adduced, will be mentioned to prove that the marks of the future offspring, whether brute or human, are in a great degree impressed upon it by the objects with which the female is surrounded, or by which she is accompanied. Capt. W., a near neighbor of mine, has a gray mare, which two years ago was taken to a dark bay horse. A fortnight afterwards, a friend of his, upon a visit from a distance, rode a brown mare with a very peculiar streak of white upon her face and nose, which was kept with the gray mare for ten or twelve days. About a year ago the gray mare had a foal, which had the same peculiar mark, and the same color of the other mare. The first words of Capt. W., when he saw the foal, were, "I wish B." (the person above referred to) "had kept his mare away."

From these, and many other cases, it may be inferred that the color, form, and features of both the human and brute creation, are influenced by surrounding objects. The flocks and herds of Jacob were operated upon in this way by the peeled rods of poplar, hazel and chesnut. From a similar influence the Greek women had athletic and handsome children. And from the same cause one or more children, in some families, have no resemblance to either of their parents. It is perhaps from the same cause, too, that children so often resemble one or the other of their parents, or some of their relatives. There must be something peculiar in such cases—something calculated to produce strong impressions, one way or the other—vehement love, strong hatred, deep compassion, or some other unusual affection. After all, however, persons' thoughts and feelings are so much beyond their control that it might not occur according to any one's desires, where it might be wished to exert any particular influence.

Boston, May, 1837.

MEDICAL BOTANY.

[Communicated for the Boston Medical and Surgical Journal.]

NO. VI.—CHELONE. SNAKE HEAD.

SEX. SYST. Class didynamia; order angiospermia. *Generic Characteristics.*—*Calyx* five-parted, with three bracts; corola ringent, ventricose; *sterile filament* between the two longest stamens; *anthers* woolly; *capsule* two-celled, two-valved; *seeds* with a membranaceous margin.

Specif. Descrip.—*Chelone Glabea*. Plant smooth; leaves opposite (inferior sometimes alternate), lance-oblong, acuminate, serrate; flowers in dense terminal spikes. It grows in moist places, and flowers late in summer. Stem simple, often solitary, about two feet high; flowers

large, nearly white. It is sometimes called *Shell-flower*, from the shape of its corolla.

It is found common in the Eastern States, and is preserved by the Shakers for medicinal purposes. As a remedy, it has obtained considerable celebrity among the ignorant, for having been the favorite herb of a vagrant empiric, who was a colored man. Hence the name "*Negro herb*" has been given it. I have never *known* of its cures, but have often *heard* it extolled. It is an agreeable bitter, and doubtless valuable as a tonic. In decoction it may possibly act as a diaphoretic and diuretic, but of this I am by no means certain. Perhaps some of our country physicians are better acquainted with its properties than myself, and will inform us. The leaves and stem are the parts used, and may be given freely when mild vegetable tonics are required. S. A. T.

Cambridge, May 15, 1837.

TOOTH POWDER.

No cosmetic in the world has led to such deception and charlatanism as tooth powder. Doctors, dentists, chemists, perfumers, charlatans, and mountebanks, have all put their heads to work to find out the *panacea* so wished for; and if they search till doomsday, they never can find out a tooth powder that will do more than clean the teeth: that is—do no more good, but they may do a deal more harm, for some of them will decay and destroy the teeth. But a tooth powder, which will neither affect the teeth or stomach, can never change either the constitution or color of the teeth.

A proper tooth powder should be a fine, impalpable powder, dissolving in water, and leaving no sediment when stirred: its use should be merely as an intermediate substance between the brush and the tooth, to assist in removing the tartar that may have lodged upon them, and neutralizing the acids that may be between the teeth which the brush cannot get at; and finally, to serve as a polishing substance when the teeth are clean: these are the only uses that tooth powder can or ought to have.

Two questions are invariably asked a dentist: Is tooth powder good for the teeth? And which is the best?

To the first we give our usual answer—can you wash your hands without soap? You may rub with a towel and water, but you will not effectually remove the unctuous secretions on the hands; but the soap, forming an intermediate substance, removes it. So it is with the teeth: without powder they cannot be properly cleaned.

Which is the best powder, would be a very difficult task to decide. Most dentists prepare them; and it is reasonable to suppose, that a dentist of reputation will not give anything likely to be injurious to the teeth; and, provided they contain no acid, and are quite impalpable, they seldom do harm. But if we could not name which is the best, we shall at all events name two of the very worst, viz., soot and charcoal. It will be exclaimed, "What, soot and charcoal not good? Why, look

at the chimney-sweeps, in support of the former ; and almost every body recommends the latter."

We shall simply observe, as to the first, that what looks beautifully white in a sooty-faced chimney sweep, would look passably yellow and dirty in a young lady of eighteen. It is the contrast that makes them appear so white and the gums so ruby. Soot contains a considerable quantity of acid, and is on that score bad. We have moreover examined several chimney-sweepers' mouths, which were far from being healthy.

With respect to charcoal, and all calcined substances of the same nature, they are decidedly objectionable.

Charcoal has the peculiar property of drawing to itself all extraneous matter ; so that anything in a putrid state being surrounded by charcoal will be divested of its fetid matter, which is transferred to the charcoal. This property would, therefore, make it a very valuable article, if cleaning the teeth consisted merely in putting a piece of it into the mouth, and there allowing it to be stationary ; but being reduced to a powder, and rubbed on the teeth, some of the particles must get between, or lodged where decay may have commenced, and thus form a nucleus for collecting extraneous substances, instead of neutralizing them. If we could be sure that no particle of charcoal would remain in the interstices of the teeth, after we had rinsed our mouths, it would not be objectionable ; but, as that is impossible, a substance which has so dangerous a tendency ought to be discarded. Let any person who is in the habit of using these powders examine their teeth, and they will find there is a bluish black appearance between them that is not natural. It does not, however, follow, that all the persons who have been in the habit of using charcoal must necessarily have bad teeth : it may tend to decay them, and that is sufficient to reject it ; added to which, it is dirty.

All very deeply colored powders are objectionable ; since the coloring matter can be of no use, and may contain substances which, if not injurious to the teeth, may be so to the stomach.—*Mortimer's Observations.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 24, 1837.

PROFESSIONAL OFFICIOUSNESS.

ONLY a few weeks ago, in consequence of the representation made by the profession, through a committee, to our city government, an arrangement was made by which it was thought an accurate return might be rendered to the health office, of all the deaths and the diseases which caused them. In a genuine spirit of accommodation, which has been the invariable characteristic of the present mayor's administration, and precisely as had been anticipated by the physicians, his Honor issued a

circular, in which it was shown that he was the friend of the citizens as well as the advocate of science. With an unpardonable manifestation of independence, however, altogether inexcusable, we are informed that post-mortem examinations have been made, entirely against the wishes of the friends of deceased persons—who felt that they had been grossly and unwarrantably insulted by a measure of the city government, *which required or rather permitted a physician to ascertain the cause of death.* As the impression, thus falsely gaining credence, would soon be extended, and operate most powerfully to the disadvantage of the original petitioners, the physicians, the mayor has necessarily published the following notice, which will meet the approbation of every friend to municipal order, who hails from the medical profession.

"Sir,—I have learnt with regret that, in consequence of the arrangements lately entered into, with the physicians of the city, requesting them to return to the superintendent of burials the name of the disease of which persons may have died who have had no attending physician, the bodies of such deceased persons have been, in several instances, opened and examined, for the purpose of ascertaining the nature of their complaints, against the consent of the relatives; and this has been justified, as I am informed, by the ordinance of the city council, requiring the above mentioned return.

"It could not have been anticipated that a practice so repugnant to the feelings of the community, would have been deemed justifiable on such grounds. The name of the disease cannot be thought of importance enough to warrant the government or the physician in violating feelings which, if not universal, are most extensively prevalent; and the design of the government undoubtedly went no farther than to obtain returns generally accurate, without pushing the point to a degree of minuteness and technical precision which require practices so offensive.

"I have thought it advisable to state these views of the subject to the physicians, in the hope that it might prevent the necessity of passing any order by the city council prohibiting post-mortem examinations without the consent of relatives.

"*City Hall, May 13, 1837.*"

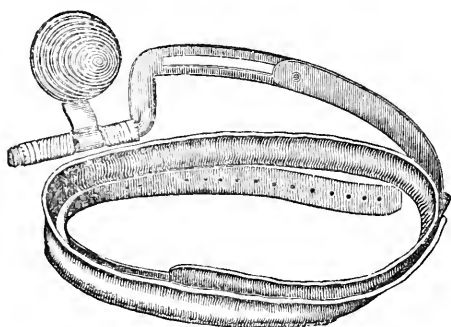
GREGORY'S TRUSS.

WHEN Chase's truss was introduced, we thought it the ne plus ultra, in that species of mechanism—and it may still be, for aught we can discern;—and yet an ingenious mechanic, residing in this city, calls upon us with a newly invented instrument, which is entitled to so much regard, that we are now rather perplexed to ascertain which of all the patterns in service is the best. So far as the principle of action is concerned, it is evidently the same in all the newly-invented trusses of the last dozen years; but which would soonest effect a radical cure of hernia, the ultimate object of them all, is the question. Specimens of Mr. Gregory's workmanship are left with the editor, for inspection. Those who may have been first to discover the excellencies of his inguinal apparatus over those which have, with extreme rapidity, in the order of invention, preceded it, will much oblige us by making communications upon the subject. A very large class, it is known, suffer from hernia, who will gladly avail themselves of any instrument which promises to give relief,

and place full reliance upon the advice of their physician with regard to the instrument or method of treatment.

"The theory upon which the rupture pads are formed," says Mr. Gregory, "is generally conceded to be correct; and as a modification of the hard oval or conical one has been many years in use, its application for the purpose of effecting a radical cure has been found very successful. But in cases which *cannot* be cured, a rupture pad less rigid is sometimes preferred; and for this purpose these instruments are furnished with *extra pads*, which can be changed with facility in different stages of the complaint. One important objection to most of the trusses in use, to which many physicians have adverted, is obviated in these. The spring which passes round the body is made of *untempered steel*, which can, *without injury*, be exactly fitted to the form of the patient; and as the pressure upon the hernial tumor does not directly depend upon this spring, it can be graduated at the pleasure of the wearer, which insures the necessary retentive power of the rupture pad. Much care has been taken in the mechanical execution, to render it durable and perfect.

"The practical knowledge possessed by physicians of the proper mode of treating hernia, must be the test by which the merit or inefficiency of these instruments will be decided."



The cut above represents one of these instruments for common inguinal hernia.

Disease of the Rectum.—From one of our exchange papers, we extract the following notice of a new publication in New York, which seems to be uncommonly decided in its praises. We have no reason to doubt the qualifications of the gentleman who is the subject of these wholesale doses of panegyrical stimulus, although the expediency of smothering a man with kindness, is questioned. If a copy of the work could be circulated hereabouts, it is possible that the propriety of all this *beating the bush* might be understood.

"This is a plain, clear, and concise treatise upon a class of diseases, in which are comprised many of the most painful and disagreeable affections to which 'flesh is heir to.'

"Dr. Bushe has, in this instance, supplied in the most happy and perfect manner, a desideratum which has long been felt by the medical profession. The work is accompanied by a volume of plates, which, correctly drawn and elegantly engraved and colored, illustrate to the meanest comprehension the text of the talented and experienced author. We

cannot doubt that the profession, not merely of this city, but of the whole country, will eagerly patronize the publication of a work of so much practical utility ; one so eminently calculated to improve the practice of a branch of surgical science, and to relieve many of the severest ills of suffering humanity.

"The pleasure and gratitude, however, with which we hail the appearance of this useful and able treatise, is very much qualified by our profound and sincere regret at the present condition of its distinguished author, who, we lament to say, has, for a long time, been confined to a bed of sickness. No man has acquired in this country a greater reputation as a scientific and practical surgeon ; but, with all his profound erudition and surgical tact, which has been exerted so successfully for the relief of thousands, he has not been able to save himself from the attacks of disease. We hope, however, that he will soon be able to resume the duties of his profession, and live, for a long time, to bless the world with his transcendent and unsurpassed judgment and skill. Our anxiety on this subject may, perhaps, be somewhat selfish, inasmuch as, independent of the high respect and admiration which we feel for the man, we do not believe that his place could be easily filled, or his loss soon supplied."

Vermont Medical College.—Gentlemen who have politely forwarded catalogues, will please accept our thanks. The institution is certainly in a healthful and flourishing condition. There have been matriculated *seventeen* juniors. Whole cost of lecture tickets, only \$45 ; graduation and diploma, \$13 ; and board, including wood, lights, and washing, from \$2,50 to \$2,37 1-2 per week ; so that a man may go into Vermont, from any of the Atlantic towns in the United States, and study medicine cheaper than he could stay at home.

Anatomy of the Eye.—Dr. Alexander, of this city, has prepared a curious paper upon the minute structure of this organ, which will perhaps require a double number of the Journal, should it be thought advisable not to divide the manuscript into two parts. It was our intention to have commenced it next week, but the obligations we are under to those whose articles have already been on hand a considerable time, may perhaps render it absolutely necessary to defer the doctor's communication two weeks longer.

Boylston Prize Questions.—It is strongly suspected that a very peculiar manifestation of talent will be exhibited in the writings of the competitors the present year. If *voluminousness* is an evidence of thought and originality, as it certainly is of patience and mechanical labor, the anticipations of the medical public will suffer no disappointment.

Scientific and Literary Journal.—With some trifling modifications this is the Journal formerly conducted by ourselves, under the title of *Scientific Tracts*. On the 1st and 15th of each month, it has a regular publication. Even to physicians, it would be a welcome visitant, from the circumstance that it embraces the consideration of facts in all the sciences.

New Plant in the Pharmacopæia.—Mr. Foote recently read a paper to the London Medico-Botanical Society on the *chimaphila corymbosa*, a plant lately admitted into the new edition of the Pharmacopæia (the *pyrola umbellata* of Bigelow and others), long and extensively used in the United States, where it is abundant, chiefly in shady woods. Various virtues are attributed to it, but it appears to be very analogous to *uva ursi* in its qualities. It is a powerful diuretic, and an infusion, sweetened with sugar, is very serviceable in the strangury of gonorrhœa. Its diuretic properties also make it very useful in anasarca and other dropsies, and Dr. Mitchell has found it valuable in intermittent fever and rheumatism, applied locally. It is also said to relieve toothache. It is generally employed in the form of a strong decoction.—*London Lancet*.

Anatomical Models.—We have much pleasure in calling attention to a collection of moulds, of a novel nature, representing various portions of the human structure, on a plan which is calculated to render them peculiarly serviceable to teachers and students of anatomy. They do not, indeed, possess all the beauty, or the precision of details, to be found in various preparations in wax, but they fully compensate for any deficiency in this respect by their lightness, elasticity, and hardness. These qualities permit of the constant use of the mould without any fear of injury, a circumstance which gives them a great superiority over all the works of this kind which have hitherto been submitted to our inspection. Dr. Rameaux is the inventor.—*Ibid*.

Medical Miscellany.—Smallpox has excited considerable alarm at Detroit.—The theory that coffee prevents the growth of the body, is most terribly assailed by all inveterate coffee-drinkers.—The town of Ellsboro', New Jersey, is without a physician; a similar vacancy exists in the town of Washington, Mass.—Dr. Mussey's temperance prize essay has been printed in a compact 12mo form, and will have a wide circulation.—Preparations are making at the Eye and Ear Infirmary, Bowdoin square, to put the buildings in a condition to receive patients from abroad. The bounty of the Commonwealth came very opportunely.—We understand that a large work on Theory and Practice is in a state of forwardness by an eminent ex-professor, in this neighborhood.—Will the editor of the Dublin Journal, when he receives this notice, re-arrange matters so that we may obtain his in exchange, with some degree of regularity. Each package should be in Liverpool three days, at least, before the sailing of a New York packet.—The East India Medical Journal seems to have been suspended—as a number has not been brought to this port for many months, although Calcutta vessels are frequently arriving here.—The United States Medical and Surgical Journal, New York, we presume has also been stopped.—Dr. James R. Dickinson, of Selma (Alab.), was recently killed by being stabbed.—James Thompson, of Philadelphia, lost his life by the carelessness of an apothecary, who gave the unfortunate sufferer *arsenic* for *cream of tartar*!—Professor Silliman has been elected professor of chemistry and pharmacy in Transylvania University, at Lexington, Ky. But his removal there, from New Haven, is very problematical.—Arrived, from London, Dr. T. W. Parsons, of Boston.—The Annual Meeting of the Mass. Med. Society takes place on Wednesday next, May 31. Discourse by Dr. G. Hayward, of Boston.

TO CORRESPONDENTS.—The Communications of Drs. Comstock and Gallup are reserved for next week.

DIED.—In New York, George McCartney Bushe, M.D., aged 38.

Whole number of deaths in Boston, for the week ending May 20, 34. Males, 15—Females, 19.

Consumption, 5—inflammatory fever, 1—phthisis, 1—dropsy, 2—ascites, 2—pleurisy fever, 2—dropsy of the head, 1—pleuritis, 1—intemperance, 1—dropsy in the chest, 2—scirrhus of stomach, 1 inflammation of the lungs, 1—old age, 1—disease of the brain, 2—infantile, 1—dropsy on the brain, 2—drowned, 2—stillborn, 2.

THEODORE METCALF—APOTHECARY,

NO. 33 Tremont street, ten doors north of the Tremont House, devotes his chief attention to compounding prescriptions; and assures physicians that, in his establishment, no persons will be entrusted with this duty, except those of skill and experience, and no articles used but those of the best quality.

T. M. keeps no *quack medicines*, but chooses to rely for support upon regular practitioners and their patients. He is permitted to refer to Drs. Jackson and Reynolds.

May 24.

3m

AMERICAN MEDICAL LIBRARY.

THIS Library is edited by Prof. Dunglison, published in semi-monthly Nos. of 123 octavo pages each, making in a year 3328 pages—being nearly 200 pages more than any other Library published, and elegantly printed. 16 pages of the work are devoted to medical intelligence, and 112 pages to a republication of some work of standard character. The three first Nos. contain Wardrop on Blood-tetting, 74 pages; Wardrop's Morbid Conditions of the Blood; Stokes's Theory and Practice of Medicine, 152 pages printed; Brodie's Nervous Affections, 74 pages; Itard on Deafness, 92 pages; Formulary of New Medicines. Among the works imported for the Library are, Guy's Hospital Reports, St. Thomas's do., Collins's Treatise on Midwifery, Cormack on Creosote, Mayo's Pathology, Reiborski's Auscultation, Plümbe on the Skin, Cooper's Surgery, Latham's Clinical Medicine, Dewson's Study of Medicine, Fletcher's Physiology, Newnham's Disorders of Literary Men, Cowan's Manual, Bright and Addison's Physic, Macrolin's Introduction, Hodgkin's Lectures, Travers on Constitutional Irritation, &c. Price \$10 per annum.

"For the credit of our common country, for the great and manifest advantages to be derived from the laborious research and industry of Dr. Dunglison, we hope the Library and Intelligencer will live and go down to future times.—*Boston Med. and Surg. Jour.*

The Medical Profession are invited to examine the work at our Rooms, 121 Washington street.

May 24—3t

WEEKS, JORDAN, & CO.

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

tf—Oct. 19

Boston, Oct. 7, 1836.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken. It will also be furnished on application at the Medical Journal office.

RETREAT FOR INVALIDS.

THE profession is respectfully informed that Dr. A. H. WILDER has purchased a large and convenient house in the pleasant town of Groton, Mass., likewise suitable carriages, horses, saddles, &c., for the accommodation of nervous invalids.

April 12—3t

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN R. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, MAY 31, 1837.

[NO. 17.]

SCARLATINA, OR CANKER RASH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Observing in your Journal of the 26th of April, 1837, page 194, a call upon the faculty, generally, in relation to the treatment of scarlatina, which has for some time prevailed, and still exists in this region, attended with much mortality, I feel it an incumbent duty to respond to the request, with the humble hope that whatever brief suggestions may be made will not be attended with injury, if they are not productive of any good.

You observe, “from various sources it appears that the mortality by scarlet fever, in the interior, has been and continues to be remarkably severe. How is it, that with all the experience physicians have had in this disease, the treatment is not more successful?—Great good would result to the profession from a frank and honest declaration, &c. The malady must be better managed in the United States.”

Esteeming this disease, as I do, greatly under the control of remedies, it has been with no small degree of solicitude that I have been an observer of the general treatment that has been used for several years past by many of the profession, and that after I had bestowed much attention to this subject, long since, in my Treatise on Epidemic Diseases, etc. The mistreatment seems to arise from wrong views of the pathological character of the disease; for, there is no axiom better proved than this, that every honest man will act according to his creed, whether it be correct or not. Having tested the principles and treatment of this disease ever since the publication of the above treatise, I am, if possible, more confirmed in what is there advanced, than at the time it was written.

The disease is essentially of the synchoid, or phlogistic character, and whenever it appears with phenomena showing an approximation to the typhoid, or, as is commonly supposed, putrid diathesis, still the general treatment ought to be similar, yet of a modified kind; for internal stimulations do not fail to render every case worse. The susceptibility of the vital solids is such in this affection that I know of no disease more benefited by right, nor so readily made worse by wrong treatment. All the articles of the materia medica called stimulants or tonics, and those classed as narcotics, should be avoided in every stage of the disease. A little correct treatment at the onset will obviate the necessity of using much medicine of any kind. The event of the case will often

depend on the first day's treatment ; an error committed here can scarcely be retrieved through the whole course of the disease, and whilst much may be imputed to its intractable character, oftentimes more ought to be imputed to the wrong bias given in its incipient stage.

To omit a necessary remedy may be as injurious as to apply a wrong one. Early bleedings are of incalculable benefit in every variety of scarlatina that requires much attention. A careful examination will elicit the evidence necessary to determine on this operation ; but, if there should exist a doubt, it may be safer to take blood than to omit it, for the mild case will not be made worse by it, whereas the more severe one may be lost for the want of it. There need be no regard had to the eruption, for every severe case will be benefited by it whether there be any eruption or not. Much tumefaction of the tonsils and fauces, with difficult swallowing, always demands full bleedings.

I am not singular in placing much reliance on this remedy. There are some pertinent remarks on the subject in the 33d No. of the American Journal of the Medical Sciences, page 227, by Mr. A. Dewar, first published in the Edinburgh Medical and Surgical Journal, to which the reader's attention is respectfully invited. In a short period, out of 183 patients treated by early and free bleedings, he lost only two, whilst the disease under other treatment was very fatal. The bleedings should be copious, in a manner to prostrate the severity of the morbid state. "In every case in which the remedy was properly used, I have invariably found the symptoms greatly mitigated, and in many the disease wholly and suddenly subdued."

Also, in No. 26 of the same Journal, page 375, is a communication by Dr. F. M. Robertson, of Georgia, who depends much on early and adequate bleedings. "We used the lancet freely in a majority of cases that came under our care, and were *never* disappointed in our expectations." Again, "the first twelve or twenty-four hours is everything." Many other authorities might be brought. It may only be further insisted, that the bleedings should not only be early, but fully practised to the point of relief from pain and internal inflammation. I have oftentimes taken three full bleedings from the same patient. In cases of much pain in the fauces the venular veins should be freely cut.

Emetics are of next importance. These should be early given and repeated, as they relieve both the general state of fever and the local inflammation in the throat. If long delayed, the swelling in the throat is liable to become so severe that an emetic of even a strong solution of tartarized antimony cannot be swallowed. They cleanse the fauces very effectually. See cases in my treatise on epidemics, &c.

After the above processes, saline cathartic juleps should be used pretty freely, but no drastic, nor calomel, as this is the most improper of any cathartic. The catholicon of some, the Dover's powder, should never be used in any quantity nor for any pretence. Indeed not much medicine of any kind.

Cold sponging is only useful where the eruption is very vivid with heat ; but this will but rarely occur if the bleedings are judiciously used.

The warm bath may be especially useful in cases without any eruption, and attended with soreness and coldness of the extremities. I have used it three times in twenty-four hours with success.

No severe gargles should be applied in the fauces; vinegar, water and honey may be often used; or the sulphuric acid, well diluted and sweetened with loaf sugar. Nothing need be applied to the throat externally, except in cases not attended with an eruption, a bat of cotton wool, after bathing with olive oil. Avoid blisters on all occasions, and, let me repeat, all stimulating medicines and drinks internally.

With regard to temperature, those having a vivid eruption should enjoy a moderate degree of cool air, whilst those who have none should be kept moderately warm.

In every stage observe the antiphlogistic regimen.

The above treatment will insure against the occurrence of the hydropic swellings, which are liable to appear in cases half cured, in three or four weeks after the access of the disease. When these do appear, the only effectual remedies are bleedings, notwithstanding the smallness and frequency of the pulse, followed by brisk purgatives. I have found the coagulum of the blood deeply cupped and covered with a dense pellicle in these cases, when the pulse was so small as to be scarcely perceptible.

With these brief notices, this absorbing subject must be abandoned without argument or pathological illustration. Yours respectfully,

Northampton, Mass., May 16th, 1837.

J. A. GALLUP.

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.—NO. II.

BY DAVID KING, JR., M.D. NEWPORT.

“What are the causes and nature of PURPURA HÆMORRHAGICA, and the best mode of treatment to be employed therein?”

(Concluded from page 251.)

In cases of cerebral determination, where the occurrence of hæmorrhage would prove invariably fatal, blood-letting is peculiarly indicated, especially in the early stages of the disease. To this remedy might be conjoined the cold dash upon the head, and the use of the terebinthinate enema, which in other cases has proved a powerful derivative from the brain as well as sustainer of vital energy.

With regard to the use of blood-letting in purpura hæmorrhagica, it will be found most beneficial in the early stages of the disease,* and wherever it approaches to the nature of active hæmorrhage. But in all cases of its use, the precaution of Dr. Stoker should be observed. “The finger of the prescriber, during the operation, should be kept constantly on the radial artery, that its effects on the powers of the circulation may be thus immediately ascertained, and that its safety or danger may be thus decided upon. If the pulse remain firm, the quantity of

* Macintosh's Practice.

blood may be allowed to flow on to ten, twelve, or fourteen ounces, according to the urgency of the symptoms, but should be stopped as soon as the vigor of the circulation begins to fail."

2d indication, to allay the hæmorrhagic irritability. This disposition coexists with various states of vital energy. Hence the most opposite remedies may allay this morbid irritation. In the more sthenic forms of the disease, blood-letting, by its sedative effect upon the nervous system, has a tendency to subdue it. In the more asthenic forms of the disease, the tonic treatment has the same effect. Among the remedies which seem peculiarly calculated to fulfil this indication, we may mention the nitrate of potash, the acetate of lead, and the oil of turpentine. The nitrate of potash was the favorite remedy of the celebrated Riverius, in purpura arising during the convalescence from fevers. The action of acetate of lead, when combined with opium, in restraining hæmorrhage, is to be explained, not merely by its astringent effect, but by its sedative influence upon the ganglial nerves, distributed to the capillary system. Thus by a vital action, it removes the hæmorrhagic irritability, which is the cause of spontaneous hæmorrhage. The oil of turpentine exercises a powerful control over irritability, whether occurring in states of the system where the vital energy is raised, or depressed. Hence its efficacy in spasmodic diseases and in purpura hæmorrhagica.*

The warm bath, or the affusion of cold or tepid water over the whole body or the seats of congestion, and compresses moistened with cold vinegar, or the solution of chloride of lime, or weak alcohol, applied to the spots and ecchymoses, will in various cases be found useful. Pains in different parts of the body will be allayed by opiate fomentations, emollient lotions, cataplasms or bladders of warm milk.†

3d indication, to restore the secretions, particularly of the liver. All writers unite in recommending the use of purgatives in this disease. Dr. Bateman relies much on mercurial purgatives, as will be seen by the following extract. "When purpura hæmorrhagica occurs in adults, especially in those already enjoying the benefit of exercise in the air of the country, and who have suffered no privation in respect to diet, or when it appears in persons previously stout, or even plethoric; when it is accompanied with a white and loaded tongue, a quick and somewhat sharp, though small pulse, occasional chills and heats, and other symptoms of feverishness, however moderate; and if at the same time there are fixed internal pains, a dry cough, and an irregular state of the bowels—free and repeated evacuations of the bowels, by medicines containing some portion of the sub-muriate of mercury, will be found most beneficial."

Dr. Harty,‡ of Dublin, having witnessed the death of a patient who was treated with nutritious diet and tonic medicines, adopted the purgative plan in upwards of a dozen cases with uniform success. A few active doses of jalap and calomel administered daily were sufficient to

* Dr. Eberle has treated one case successfully with the nitrate of silver, a remedy whose agency is to be explained in the same manner.

† Cazenave and Schedel, pp. 379.

‡ Edinburgh Med. and Surg. Journal for 1813.

cause a cessation of the hæmorrhages and the disappearance of the purple spots on the skin.

In cases where the secretions and excretions are deficient, and where, at the same time, the vital energies are depressed, instead of mercurial purgatives, it will be proper to use a combination of tonics and aperients, such as preparations of rhubarb with gentian, cardiacs and aromatics. Perhaps in such cases the occasional use of the terebinthines will have the effect to restore the secretions.

4th indication, to raise the vital energies, and impart force to the capillary system. The cases of purpura hæmorrhagica which require this mode of treatment, are of the class related by Dr. Willan, whose experience seems to have been confined to patients in whom the disease had been caused by agents which depress the powers of life. This form of the disease generally occurs in feeble and emaciated children, and in females who have been confined to crowded and filthy apartments, deprived of nutritious food and of exercise in the open air, who have been overtasked by labor, and subjected to the influence of the depressing passions.

The remedies calculated to fulfil the above indication, include generous diet, wine, acids, and the preparations of cinchona and iron. Rayer and Bielt, of Paris, and Dr. Brachet, of Lyons, recommend the use of the ext. of rhatany* mixed with ice, in connection with acidulated drinks and mild laxatives.

Dr. Graves, in the *Dublin Journal*, No. 9, 1833, says this form of the disease occurs frequently among the children of tradesmen and petty shopkeepers in Dublin, and is produced by the habitual use of a salt diet. His plan of treatment, which seems to have been very successful, consists in a change of diet—"a nutritious dinner of fresh meat, and vegetables, with milk instead of tea for breakfast." In addition to the nutritious diet, he administers citric acid, 3ss. or more, daily, properly diluted and sweetened.

The general views on the treatment of purpura hæmorrhagica, which have now been given, include the best measures of cure that have been devised by the most eminent physicians. The therapeutical indications arising in each particular case, and the remedial measures calculated to fulfil such indications, will be suggested to the practitioner by the age and temperament of the patient, the previous duration of the disease, the state of the nervous and circulating systems, the condition of the secretions and excretions, and the degree of vital energy. In most cases, perhaps the plan† recommended by Dr. James Johnson will be proper—"moderate purgation with the use of the mineral acids; the infusion of roses, with sulphate of magnesia, and the dilute sulphuric acid; an occasional dose of calomel, unirritating diet, and the use of tonics and even stimulants, when the motions become natural and the digestion good."

The hygienic measures consist in tonics, generous diet, living in a

* Dose ʒj. daily.

† *Med. Chirurg. Review*, July, 1833, pp. 155.

high and dry situation, exercise in the open air, and amusements which contribute to tranquillity and serenity of mind. Dr. Willan insists strongly on exercise in the open air. Cazenave recommends a free circulation of air, and a regulated diet, composed of animal jellies, a small quantity of roasted white meats, and generous wine, always taken well iced.

Bibliog. and Ref.—Riverii. *Prax. Med.* lib. xvii. cap. 1, de Febre pestilenti. Cent. ii. Observ. 18, and Cent. i. Ob. 21. Hoffmann. *Suppl. par.* ii. pp. 493, de *Purpura Scorbutica*. Philosophical Trans. vol. liii. Werlhoff de Variol. et Anthrac. cap. iii. sec. 15, and in *Commerc. literar.* Norimberg. Graaf. *Dissert. Inaug.* de Petechiis sine Febre, Gottingæ, 1775. Duncan's *Med. Commentaries*, for 1774, and *Med. Cases*, 1778. I. H. Shlichthorst. *Dissert. de Petech.* Gottingæ, 1783. Adair *Dissert. Inaug.* de Hæmorrhæa Petechiali. Edinburgh, 1789. *Medical Facts*, vol. ii. *Memoirs of the Medical Society of London*, vol. iii. pp. 393, and vol. iv. *Annals of Medicine*, vol. ii. pp. 231. Willan on the Skin. Bateman's *Synopsis of Cutaneous Diseases*. Rayer, Cazenave, and Plumbe, on the Skin. Parry's *Pathology*. Stoker's *Pathological Observations*.

We subjoin the following cases, illustrating the different modes of treatment that may be adapted to the various forms of purpura hæmorrhagica.

1st CASE. By C. H. Parry. *Edinburgh Medical and Surgical Journal*, Number xvii. Article 2.—“Ten or twelve years ago I was sent for to attend a lady about 30 years of age, of a fair complexion, and rather full habit, who for some days had labored under slight febrile symptoms, with a full pulse, though but little thirst or fur on her tongue. Nothing else was worthy of attention, but the state of her skin, which was thickly sprinkled with spots, small, and of irregular forms, not raised above the surface, of a dark logwood color, and in no degree evanescent on pressure. An apothecary in this city, Mr. Foster, had, previously to my visit, taken from her arm at least 14 ounces of blood, which I saw in a bason, and the surface of which consisted of a crust of coagulated lymph, as thick and tenacious as I ever witnessed in the most acute case of rheumatism, pleurisy or hepatitis. The cruor was also very firm and cohesive, and difficult of diffusion, when shaken in the serum; notwithstanding which, the proportion of the whole crassamentum to that of the serum was uncommonly great. The patient expressed so much relief from bleeding, that I thought myself justified in ordering it shortly afterwards to be repeated. Relief was by this measure again obtained; and, under the use of some common refrigerants, the lady quickly recovered, without bark, or any other of those remedies usually dignified with the name of tonics.”

2d CASE. From the posthumous writings of Caleb Hillier Parry, M.D. F.R.S. Vol. 1st, pp. 220.—J. B. aged 24, had for three or four years been subject to pain of the lower extremities, and chiefly of the ankles, which was occasionally relieved by topical œdematous swellings. About the beginning of March, 1814, he was seized with a great increase of the pain, which affected the left foot across the instep, accompanied with swelling and redness, great aggravation on moving the part, but little soreness to the touch. Neither the pain nor swelling affected any other part. The same night there came out spots of a

petechial kind, of a dark red, and sometimes purple color, roundish, and of different sizes. They first affected both thighs, then extended themselves to the legs and feet. The thighs and legs were not considerably sore, but were stiff, and, as it were, benumbed, when he attempted to walk. His appetite for animal food was diminished; his pulse was somewhat quickened, he was thirsty, and his rest was disturbed. His urine was also high colored, with a deal of sediment. In this state he obtained some temporary benefit from purging. But the complaint returning with increased violence, he was bled on the 25th of March, to the amount of ten or twelve ounces. The blood had all the appearances which occur in that of pleuritic patients; and at the end of three days the chief part of the disorder was removed. About this time he became very hoarse, with a cough, and soreness of the throat. On the 5th of April, his pulse was natural, his skin cool, his tongue clean, his appetite good. He was also free from all pain and swelling of the foot and leg. He still, however, continued extremely hoarse, and a broad damask-colored spot, of an irregular shape, occasionally appeared on the leg. I ordered another bleeding on the 7th to the amount of twelve ounces. The blood was precisely in the same state as the former. On the 15th no return of pain, swelling, or petechial spots had taken place. The hoarseness was almost gone; his pulse was slow and soft, and he was in other respects perfectly free from disease."

In the above cases, the usual procession of phenomena in purpura was interrupted by venesection, and the hæmorrhagic disposition subdued before it could fully manifest itself.

3d CASE. By Ebenezer Gairdner, M.D. Fellow of the Royal College of Physicians, Edinburgh; Transactions of the Medico-Chirurgical Society of Edinburgh, Vol. I, pp. 671.—"James Stoddart, æt. 6, living in a confined part of the town, of a weak and strumous constitution, though lively, had been much confined to school, and had a swelling of the glands of the neck, with inflamed eyes. On the 24th and two following days of April, 1823, he appeared very dull, inclined to sit over the fire, with thirst and face flushed. On the 27th, spots, like flea-bites, some small and red, others larger, and purple, appeared over a great part of his skin, and soon increased considerably. On the 28th, blood oozed from the mouth, with occasional bloody sputa. In the morning the urine was red and turbid, and in the forenoon he walked a mile and a half with his father for medical aid. On the first of May, Dr. Gairdner first saw the patient, and, from the symptoms, recognized immediately the purpura hæmorrhagica of Willan. The petechiæ, with vibices and ecchymoses, were numerous over the whole body, but crowded on the upper part of the back, breast, and anterior part of both thighs; some of the latter, about the size of a sixpence, of irregular shapes, were of a claret color; some felt rough, though not at all elevated. By careful examination through a powerful glass, the texture of the skin appeared quite entire. The conjunctiva of the right eye was ecchymosed, without œdema or lippitudo; there was neither diminution of sight, nor pain; tongue rather dry, and strewed with several petechiæ; thirst; gums redder than usual, tender, and blood oozed from them; his

breath fœtid; hæmatemesis occasionally present; the schneiderian membrane was streaked with blood, and at times it bled. Both hypochondria, particularly the left, were full, and painful on pressure; abdomen rather tumid, with obscure pain; bowels costive; the urine, of a deep red, and turbid, was free, and often passed in sleep; skin nearly as usual; he seemed little oppressed, but attentive to questions. A saline cathartic and 15 drops of the diluted sulphuric acid to be taken thrice a day; the warm bath, of about 80° of Fahrenheit, evening and morning. May 2d. Some sleep was obtained, though he had a bad night; breathing oppressed, and quiet; hæmorrhagic symptoms increased; pulse 110 and wiry. He was bled, and when he had lost about 3 x. he vomited; no blood in the egesta, but he had spit clots in the night; pulse 124; skin hot; besides the bath, and sulphuric acid, powders containing calomel and jalap, three grains each, were ordered every three hours. On the 3d, the wound had not yet closed; blood had oozed from it since the operation; some vibices enlarged. All the symptoms were mitigated. On the 4th, pulse 124; pain under the os frontis: ecchymosis of the eye greater; hypochondria more painful, with tension. Bleeding was again determined on, but, on removing the bandage, blood drained out, and the patient becoming faint with terror at the lancet, two or three ounces only were obtained. He sank into a sound slumber soon afterwards; pulse 124. 5th. Urine pale and limpid; pulse 102; evacuations from the bowels black and offensive. The pain in the abdomen and hypochondria increased considerably, and castor oil was administered in small doses, with fomentations. Nature appearing inadequate to the removal of the disease, port wine and water, a pound of each, with an ounce of cinchona infused into it, was frequently given. 6th. The pain in the bowels began to decrease, black feces were still discharged, no oozing or spitting of blood, tongue natural, and the petechiæ appeared a little faded; pulse 98. He continued to improve daily, till the 10th, when he was convalescent; the marks on the skin very pale, but the breath was fœtid. On the 14th he was quite well.

"The blood could not be analyzed, as it was thrown away, but what was first drawn seemed in four hours to coagulate imperfectly into one mass. On the following day, it resembled a tremulous jelly, the top of a greenish buff color, interspersed with brownish spots. What was drawn afterwards, was more like turbid lymph, or a fluid in which some reddish coloring matter was in suspension. The cloths were stained as with dirty water, with spots of a reddish brown hue. It is remarkable that the serum, by rest, undergoes a spontaneous, though slow coagulation."—See Johnson's *Medico-Chirurgical Review*, No. 9, January 7, 1825.

4th CASE. By Dr. J. S. Combe. Vol. 17, pp. 83, *Edinburgh Medical and Surgical Journal*, 1820, Sept. 10.—Edward Canny, art. 10. Skin universally covered with petechiæ of a dark brown, almost black color, varying in size from that of a pin-head to one third of an inch in diameter, of form nearly circular, but on the lower extremities less distinctly circumscribed, and pale. The tongue, gums, and fauces, as far as can be seen, are studded with spots, but not so thickly as on the outer sur-

face. There is a constant and pretty copious discharge of *thin* pale blood from the mouth and nostrils. The petechiæ on the tongue bleed freely when touched. Pulse 116, small and rather sharp; skin hot; tongue white; breathing hurried; but he is able to draw a full respiration. Appetite not affected; very thirsty; has severe pains in head and legs; very weak. Spots were first observed two days ago in the morning, and on the evening of the same day blood began to issue from his mouth; he passed a stool, in which bloody dots were perceived—ordered a brisk purgative, and 10 drops of acid. sulph. dil. aromat. thrice a day. 20th. Petechiæ present various shades of color; blood oozing freely; pulse 120, small; had one stool, very fœtid; skin hot; appetite good; urine scanty, very thick. Rep. pulv. purg. et cont. acid. sulph. dil. 22d. A number of the spots have run into large vibices; discharge of blood equally copious, and much attenuated; pulse 120, fuller. Vomited a little blood twice; complains of sickness on raising his head; severe pain in the head; bowels freely open; stools dark colored, fœtid; urine said to be high colored, and sparing in quantity. Habt. iterum pulv. purg. et sumat pulv. cinch. gra. x. cum acid. sulph. dil. gtt. viij. quarta quaque hora. Let him have an ounce of port wine every five hours. 23d. Slept ill; pain in the forehead; nausea and occasional retching, and great debility; pulse 110, small; petechiæ and hæmorrhage as before; bowels freely opened; urine scanty, turbid, and depositing a copious sediment; body emits a most offensive fœtor. Cont. omnia. 24th. He is in an alarming state; oppressed with nausea; vomits on the exertion. Has not taken his medicines; blood flowing more copiously from mouth; petechiæ have gone into large clusters on forehead, arms, and legs. Pulse 120, hard; violent pain in the head; skin hot in the trunk, but cold on the extremities. Eight ounces of blood abstracted from external jugular vein. He became faint, and vomited, and the pulse softer and fuller. The blood flowed in a small stream, and was of a very pale color, more like the washings of flesh than common blood; coagulated slowly without any separation of serum, and showed no buffy coat. Ordered a purgative—discontinue the other medicines. On visiting him eight hours after, he was rather better; sickness much abated, and no vomiting. Pulse 110, soft; headache easier; bowels opened three times; stools more natural in appearance. There has been a copious flow of pale, limpid urine; the wound in the vein had not closed, from which he lost about 3iss. more of blood. 25th, 8 A. M. Dr. Combe was called in great haste to stop the bleeding from the jugular. The patient's clothes and bed clothes were quite soaked with blood; it was paler and even more attenuated. Caustic applied to the wound. In other respects decidedly better; voice stronger; countenance more animated; headache relieved; no nausea or vomiting; urine very turbid. Ordered to be kept quiet, and to have any diet he chose, but no spirits. In the evening no blood had been discharged for the last two hours, either from wound or mouth. Habt. tinct. opii gtt. xx. h. s. et pulv. jalap gr. xij. cras mane. 26th. Lost about 3i. of blood from the wound during the night. Slept well; headache very slight; pulse 120, soft. No discharge of blood from nose or mouth;

petechiæ fainter, and more diffused; bowels freely opened, stools natural; urine clear, and of a pale yellow color. 27th. Convalescent. From this time doing well, spots having altogether disappeared; was discharged 7th October."

5th CASE. By John Macintosh, M.D. Edinburgh. Practice, pp. 570. —"I was called to a child between two and three years of age, who lived in the same town with two or three other children affected with genuine smallpox. I found it feverish and lethargic, with constant vomiting; it had several petechial spots, and although it had gone through the process of vaccination, when a few months old, I was apprehensive of smallpox. Laxative medicines were ordered. Next day the child was found in the same state. The petechial spots had increased in number and size, and had spread over the trunk and extremities; the skin was hot, and the pulse quick and strong; nothing could be retained on the stomach; several attempts were made to give laxatives, but even small quantities of calomel were immediately vomited. Four leeches were applied to the instep. On the 3d day the child was convalescent; the leeches bled profusely; and although a tight bandage had been employed as directed, still the greatest difficulty was experienced in restraining the hæmorrhage. No petechial spots were now to be seen, but the foot was ecchymosed from the pressure of the bandage, on the removal of which, blood again began to ooze from the leech-bites, which made it necessary to reapply it. There had been no stool for three days, but as the irritability of the stomach had now subsided, laxative medicines were given, the bowels were moved before night, and so little debility was produced, that the child was walking about the room on the third day."

For other cases in which the antiphlogistic treatment was pursued with success, the reader is referred to Dr. Johnson's case, *Med.-Chirurg. Review*, June, 1822, pp. 14.—Dr. Latham's case, *ibid.* July, 1828, pp. 213.—Dr. Belcher's case, *Med. and Physical Journal*, London, March, 1825.—Mr. Kingsley's case, *London Lancet*, No. 199.

6th CASE. By Joseph Joy Magee, M.D. senior physician to the Dublin Sick Poor Institution.—"Mary Walsh, No. 63 Bridgefoot street, an intelligent child of 6 years of age, had felt heavy and languid for the last six weeks, without, however, complaining of particular indisposition. Two days ago an eruption of a dark purple color began to appear on her arms, legs and body. This day (8th of December, 1824), the whole of the skin except the face, on which are only a few spots near the hairy scalp, is covered with these spots. The largest are about the size of a flea-bite, from which they gradually diminish to a point. Some, which appear to be more recent, are of a florid appearance, exactly resembling the mark left by the bite of a flea. The child says she feels no pain or sickness, only general languor. The skin between the spots, is of a dirty color. The appetite remains unimpaired; bowels free; tongue clean; pulse regular. R. sub. mur. hydrargyri. gr. xij.; pulv. antimonialis gr. xvi. M. divide in partes sex. sumat j. tertiis horis. 9th. Took all the powders; complains of sickness; some vomiting, not bilious; no appetite; tongue begins to be a little black; had no dejec-

tion; spots as before. R. sub. mur. hyd. gr. xij.; pulv. scammonii 3ss.; zingiberis. gr. iv. M. et divide in partes iij. sumat j. tertiis horis ad alvi. solutionem. 10th. Took all the powders yesterday, had three dejections like tar; some vomiting, very black and bilious; tongue, except at the point, quite black; gums spongy; breath very fetid; bled a little this morning from the gums. R. ol. ricini, spt. terebinth. āā 3ij.; aquæ menth. pip. 3ss. M. ft. haustus statim sumend. 11th. Had one dejection of natural appearance; the spots more numerous; large black spots, some as large as a half crown piece, have appeared on the legs; considerable hæmorrhage from the gums; appears much emaciated; no appetite; mouth and fauces very sore; breath very fetid. R. olei ricini, spt. terebinth. āā 3ij.; aquæ menth. pip. 3ss. M. ft. haustus stat. sum. 12th. One natural dejection; spots as before; more *vibices*; great hæmorrhage; tongue very black; mouth continues growing sorer; great discharge of saliva. R. ol. ricini, spt. terebinth. āā 3ss.; aquæ menth. pip. 3ss. M. ft. haust. stat. sum. 13th. One dejection, very black; much hæmorrhage from the mouth; a large sloughing ulcer on one side of the fauces; gums very sore, and disposed to bleed; the general appearance somewhat improved. Repetatur haustus ut heri. 14th. Two copious melænic dejections; spots begin to decline (9th day), some hæmorrhage; mouth very sore; breath fetid; tongue beginning to look clean about the edges; otherwise very black; the ulcer covered with a slough. R. decoct. cinchon. ʒ viij.; acid. sulph. dil. ʒi. M. pro gargarismate. Repetatur haustus ut heri. 15th. Two copious melænic dejections; spots more effaced; tongue cleaner; little hæmorrhage; general appearance improved. Cont. gargarisma. et repet. haustus. The draught was repeated on the 16th, 17th, and 18th, with good effects, at which time the petechiæ and vibices had entirely disappeared. The only remaining symptoms are debility and soreness of the mouth, which is also rapidly getting better. I have since had several cases of purpura which did not assume the hæmorrhagic form, solely, I am persuaded, from the use of the turpentine."—*Edinburgh Med. and Phys. Jour. for October, 1825.*

For other cases treated with success by the oil of turpentine, the reader is referred to Dr. Nichol's cases, in the London Medical Repository for July, 1821; in No. 6, *ibid.* and to Dr. Thompson's case in the London Medical Repository, No. 119.

7th CASE. By John Huxham, M.D. F.R.S.—This case occurred in the person of an eminent surgeon in 1741. Febrile symptoms, with oppression at the chest, preceded for a week the appearance of petechiæ, which were ushered in by frequent syncope. "He had a vast languor with pain and extreme oppression on the præcordia, and a perpetual sighing; his breath now stank abominably, and a fetid bloody matter leaked continually from his gums, and thousands of livid violet, and black spots, appeared all over his body, on the trunk, as well as the limbs." He was bled twice to the extent of x. or xij. ʒ. without relief of the oppression, sighing, fainting and anxiety. Hæmorrhage occurred from the lips, nose, the caruncle of one of his eyes, from the tongue, on which were several livid pustules. "A bloody dysentery came on,

with severe gripes and excessive faintness." "His urine seemed tinged with blood, being almost black;" "his pulse intermitted every sixth or eighth pulsation, and then fluttered on again vastly quick;" the hæmorrhage still continued, especially from the tongue, lips, gums, and nose; "so that he was reduced to an extreme degree of weakness, with never ceasing tremblings, *subsultus tendinum*, and almost continual faintings."

"I gave him frequently of bark in small doses with elixir vitrioli, premising a small quantity of rhubarb. Besides this he drank tincture of roses with cinnamon water, made very acid, and also a decoction of *sevil* orange rind, red roses, cinnamon, and a little Japon earth (as it is called) well acidulated; claret and red port, with about half water, he drank at pleasure. As the bark sat easy with him, I continued its use, and increased its quantity, giving with it some confect. fricast. *sine melle*, to restrain the dysenteric flux; and yet I now and then interposed a small dose of rhubarb, to carry off any bloody, bilious, or sanious matter, that might be lodged in, or leak into the intestines. In the meantime, I ordered him to be frequently supported with rice, panado, sago, jellies of hartshorn well acidulated, toast out of claret, or red port wine; and I directed fomentations of aromatics, and astringents, boiled in red wine, to be frequently applied to the whole abdomen." During convalescence, the patient was affected with occasional hæmorrhage from the nose and gums, with much œdema of the feet and legs, and with tenderness and excessive sensibility of the surface of the body, "the flesh scarce bearing the least touch." In about two months, he recovered a good state of health by the use of bark, rhubarb, purges, easy stomachic chalybeates, elixir of vitriol, *pyrmont* water, with proper diuretics, and gentle regular exercise.—*Huxham on Fevers, Chap. 5th, pp. 62.*

8th CASE. By T. Garnett, M.D. C.M.S. Physician at Harrgate.—"On the 31st day of March, 1792, I was desired to visit W. Reynard, of Knaresborough, aged 15 years, who had for near half a year been afflicted with difficulty of breathing; his countenance was exceedingly pale, and he was very much emaciated." Had been affected with occasional hæmorrhage from the nose, for about two months; his skin was covered with petechiæ, from the size of the head of a small pin to that of a split pea; varying in color from a dirty yellow, or light brown, to a purple, dark brown, and blue." Similar spots on the tongue; gums much swelled, and bled on the slightest pressure. Hæmorrhage from the nose, gums, and tongue in considerable quantity; pulse 100, and very weak. Patient had a short tickling cough; much inclined to sleep. Had taken some Peruvian bark, which did not agree with him. Prescribed R. vin. ferri, tinct. gent. comp. āā ʒij. Ft. m. cujus. capiab. cochlear. j. larga ter quotidie. R. zinci vitriol. ʒss.; ext. gent. ʒss.; sapon. alb. ʒj.; syr. simp. q. s. ft. pil. xx. j. mane nocteque sumenda. Nourishing diet with a little wine; to eat freely of oranges. Continued this plan till April 4th. Hæmorrhage had continued occasionally; for cough, tinctures had been directed. "April 4th. Began to bleed at the nose and mouth this morning about two o'clock, while he was asleep; had bled, before nine o'clock, about three pints; the blood was thin, but of a florid red color." Ordered the medicines to be omitted.

Prescribed R. infus. rosæ rub. 3 viij.; elixir vit. acid. gtt. 50. Ft. m. Two tablespoonsful every two hours; much inclined to sleep; several of the petechiæ had disappeared, and those which remained were not so livid; pulse 104, but not very weak. April 5th. Has bled none since yesterday morning, except a few drops in the night, when he was asleep; feels himself very weak; petechiæ diminished in number, and not nearly so deep-colored; pulse 94, extremely weak. R. decoct. cort. Peruv. 3 viij.; tinct. ejusdem 3 j.; alum. com. ʒij. M. cujus capiab. cochl. ij. larga. ter quotidie. Continue pills of zinc vitriolat. April 6th. Has not bled, excepting a few drops in the night—thinks himself much better, but very weak; pulse 88, very regular, and considerably stronger than yesterday; petechiæ disappearing fast. April 20th. Quite well.—*Memoirs of the Medical Society of London, vol. 4th, pp. 233.*

For other cases of the asthenic form, see *Memoirs of the London Medical Society*, vol. 3, p. 393, case by J. Aiken.—*Edinburgh Medical Commentaries for the year 1774*, case by J. Aikin.—Also *Duncan's Annals of Medicine*, vol. 2d.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 31, 1837.

POST-MORTEM EXAMINATIONS IN THE CITY.

WE are very glad to learn, as we have done from official authority, that the report of post-mortem examinations having been made without the consent of relatives, by some of the younger members of the medical profession, has been satisfactorily proved to be without foundation. The letter of the Mayor, published in our No. of last week, was founded upon official statements, which having been erroneously made, should be contradicted; and it gives us much pleasure, therefore, to be able to say that no imputation rests upon any individual, of the slightest professional impropriety.

There are always officious meddlers in society, who seem to delight in sowing the seeds of dissension in the community, and they are never more gratified than when they have succeeded in exciting the prejudices of the ignorant against those whose moral or intellectual elevation is superior to their own. Physicians are prominent marks, and as their improvements are too commonly stigmatized as innovations, which all common-sense people are called upon to oppose, they have been sufferers in every age and country in which anatomical investigations have been conducted. Nothing so quickly rouses the sleeping energies of those who cannot appreciate the value of legitimate science, as the idea of human dissections. Some of the most talented, energetic, and learned men the profession has known in this country, have been objects of severe persecution at times, barely because they manifested a laudable ambition to become thoroughly conversant with this essential department of medical knowledge. A remnant of that old spirit of vengeance—recalled, probably, by the late ordinance, which had for its object a correct statis-

tical return in the bills of mortality—led, we suspect, to a false representation to the Mayor, who, acting upon those just principles which have distinguished his official as well as private life, caused the publication of the circular note copied into our Journal. But we are happy in assuring our professional brethren of the city, that the Mayor is perfectly convinced that no violence has been done, and that no one has even remotely been guilty of an indiscretion in relation to post-mortem examinations. All unpleasant feelings, therefore, which have originated from this source, will, we trust, with this explanation, at once have their quietus.

Transylvania University.—Extras and super extras have been gradually accumulating some time, from Lexington, Ky., the seat of medical warfare, explanatory of the cause which led to the expulsion of Dr. Charles Caldwell from the chair in which he had been long seated at that flourishing school of medicine. But owing either to our want of penetration, or to the obscurity of the gentlemen who have been thus elaborately explaining what seems truly inexplicable, the faculty here are still in the dark touching this unpleasant affair. Instead of inuendoes, non-committal remarks and half-suppressed facts, why not bravely state the whole case in detail. If the doctor is undeniably an overbearing, despotic, authoritative professor, indomitable and unyielding, why it will be no worse to say it outright, than continually to insinuate unutterable things.

Arthritis.—A correspondent, a physician residing at the west, makes the following inquiry through this Journal. "What is the best treatment for arthritis affecting the small articulations of elderly people, with bony depositions? If there is any cure, I should be pleased to know it. An article on this subject would be interesting." The editor knows of no one who could give a more satisfactory answer to this question than Dr. James Jackson, of Boston.

Army Surgeons.—Surgeons T. G. Mower, H. S. Hawkins, and H. A. Stinnecke, composed the medical board which assembled at New York, on Monday the 22d, for the purpose of examining candidates for admission into the United States Army, in the capacity of assistant surgeons. The compensation is so extremely small, and the chance of promotion so very slow, depending not on merit, but on the operations of death in thinning the catalogue of seniors, that it seems impossible that any man of common sense and ordinary capacity for professional business, should seek a commission in the service.

Medical Statistics.—The first course of public lectures in the Vermont Academy of Medicine, was given in the year 1818.

In 1818 there were 24 students.		Number of graduates each year.		
		Year.		Graduates.
1819	24	1819-20	-	2
1820	44	1820-1	-	6
1821	76	1821-2	-	13
1822	85	1822-3	-	17
1823	126	1823-4	-	34
1824	124			

In 1825 there were 124 students.	1824-5	-	-	44
1826	103	1825-6	-	36
1827	110	1826-7	-	27
1828	109	1827-8	-	26
1829	101	1828-9	-	25
1830	81	1829	-	25
1831	62	1830	-	17
1832	75	1831	-	19
1833	93	1832	-	19
1834	111	1833	-	32
1835	201	1834	-	28
1836	226	1835	-	47
		1836	-	43
1899				460

Total number of Honorary Graduates—56.

Tobacco in Gout.—A correspondent, who thinks that the medicinal qualities of tobacco have not yet been sufficiently tested, recommends its employment "for the relief and cure of gout, and neuralgic affections, for which it has," he says, "been tried in many places, and in America with decided success. I have known it to give," he adds, "relief in a most obstinate case. Its best form in gout is that of infusion, to be used for the legs as a pediluvium, or, for any other part, in the manner which is most agreeable to the patient, as a bath or fomentation."—*Lon. Lanc.*

Cure for Drunkenness.—A native of Norway, aged forty, who had from his youth been accustomed to dram-drinking, was attacked with delirium tremens. His medical attendant, to cure him of his dangerous propensity, prescribed the daily use of a mixture of two drachms of sulphuric acid and twenty-four ounces of whiskey. The result was remarkable; in three months' time he got such a dislike to all kinds of spirituous liquors, that he could not bear to swallow a drop of anything stronger than beer. The dose of the above mixture taken was four wine-glasses daily, and the cure had been of a year's standing at the time of the communication of the case.—*Eyr. Tiende Bind. andet Hefte.*

Medical Miscellany.—Smallpox has appeared at Belfast, Me., and also at Columbus, Georgia, creating, as it always should, sufficient alarm to induce people to be vaccinated.—Ninety-five students attended the spring term, the present season, at the Vermont Academy of Medicine, at Castleton. Dr. Armsby, of the anatomical chair, has a happy faculty of exciting an interest in the study of anatomy and physiology.—A quarterly meeting of the Medical Association of this city, was held at Dr. Jackson's, Summer street, on Friday evening last.—A manuscript of Pope Alexander VII. has recently been discovered at Rome, which details the awful circumstances of an epidemic in 1476, so very fatal that two thousand persons died daily, at Naples, during its continuance;—it is supposed to have been the cholera.—Dr. R. W. Puckett, of Warren Co. Miss., is becoming distinguished in political life.—The annual meeting of our State Medical Society takes place this day, at the Athenæum.

TO CORRESPONDENTS.—We have received the report of the proceedings of the Annual Convention of the Connecticut Medical Society, with the interesting address of Dr. Miner on resigning his seat as President.—A detailed account of a remarkable case of somnambulism in Gloucester is also received, and will probably be inserted in the Journal week after next.—The communications of Drs. Comstock, Close, Fish, Bartlett, Dean, Toothaker, and Tuck, will be published as soon as space for them can be obtained.—Dr. Alexander's, before alluded to, will appear next week.—A notice of the medical department of the University of Virginia, as well as the favors of correspondents, intended for this number, has been excluded by the length of the Rhode Island Prize Essay, which it was desirable to finish this week.

DIED.—In Leaksville, Rockingham Co. N. C., Dr. Geo. W. Jones, aged 47.

Whole number of deaths in Boston, for the week ending May 27, 30. Males, 14—Females, 16.

Consumption, 6—old age, 2—hooping cough, 1—smallpox, 1—phrenitis, 1—infantile, 1—dropsy, 2—scarlatina, 1—ulcerated tumor of the breast, 1—inflammation of the lungs, 1—tubercular consumption, 1—chronic diarrhea, 1—hypertrophy, 1—inflammation of the spinal marrow, 1—typhus fever, 1—stillborn, 1.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

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May 10—6m

THEODORE METCALF—APOTHECARY,

NO. 33 Tremont street, ten doors north of the Tremont House, devotes his chief attention to compounding prescriptions; and assures physicians that, in his establishment, no persons will be entrusted with this duty, except those of skill and experience, and no articles used but those of the best quality.

T. M. keeps no *quack medicines*, but chooses to rely for support upon regular practitioners and their patients. He is permitted to refer to Drs. Jackson and Reynolds.

May 24.

3m

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THIS Library is edited by Prof. Dunglison, published in semi-monthly Nos. of 128 octavo pages each, making in a year 328 pages—being nearly 200 pages more than any other Library published, and elegantly printed. 16 pages of the work are devoted to medical intelligence, and 112 pages to a republication of some work of standard character. The three first Nos. contain Wardrop on Blood-letting, 74 pages; Wardrop's Morbid Conditions of the Blood; Stokes's Theory and Practice of Medicine, 152 pages printed; Brodie's Nervous Affections, 74 pages; Hard on Deafness, 92 pages; Formulary of New Medicines. Among the works imported for the Library are, Guy's Hospital Reports, St. Thomas's do., Collins's Treatise on Midwifery, Cormack on Creosote, Mayo's Pathology, Reiborski's Auscultation, Plümbe on the Skin, Cooper's Surgery, Latham's Clinical Medicine, Dewson's Study of Medicine, Fletcher's Physiology, Newnham's Disorders of Literary Men, Cowan's Manual, Bright and Addison's Physic, Macrolin's Introduction, Hodgkin's Lectures, Travers on Constitutional Irritation, &c. Price \$10 per annum.

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The Medical Profession are invited to examine the work at our Rooms, 121 Washington street.

May 21—3t

WEEKS, JORDAN, & CO.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

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WEDNESDAY, JUNE 7, 1837.

[NO. 18.]

OBSERVATIONS ON THE ANATOMY AND PHYSIOLOGY OF THE
CAPILLARY BLOOD-VESSELS.

BY ANDREW ALEXANDER, M.D., OF BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT five years ago (some time in the spring of the year 1832), my attention was attracted by a peculiar optical phenomenon. One dark, cloudy day, I was observing very attentively a spider engaged in constructing its net in the window. I had continued watching the insect so long, and so intently, that I at last lost sight of it, and remained gazing, as we express it, on vacancy ; when suddenly I noticed some object, apparently, floating in the air. What that object was, I could not then decide, and had it not been for its peculiar and marked appearance, I should have considered it to be nothing more than an optical illusion, and should have given it no further attention ; but struck with the singularity of the phenomenon, I determined, if possible, to discover where the object was, and of what it consisted. It appeared to be floating in the air near the glass of the window, in view of which, a very dark cloud then happened to be. I noticed, however, that in whatever direction I turned my eye, the object moved with it ; but that it also had a movement apparently independent of that of the eye, moving up or down or from side to side, though in the main it obeyed the motion of the eye. Placing a book, which I had in my hand, apparently between the object and the eye, I found that I could still see it, and that the nearer the book was placed to the eye, the smaller the object appeared ; but that, what it lost in size, it gained in distinctness. Having closed one eye in order to determine whether I could see it with both eyes or with one only, I found that I could see it only with the right eye. I then imagined that it might possibly be some small body adhering to the eye-lids, eye-lashes, or cornea of that eye, and therefore endeavored to dislodge it, by closing the eye-lids and rubbing them against the eyeball. I found, however, on opening them, that the object was still visible. I then made use of a mirror, in order to discover by its aid if anything could be seen adhering to the eye. The object was not reflected by the mirror, but still it was visible, as while looking at the mirror I could see it apparently moving about on different parts of the reflected image of my face. I noticed that the object, which presented a bright luminous appearance, was perfectly transparent, as I could see, without the least obscurity, other minute objects through it, as the letters of a book.

I then felt convinced that it must be in the eye itself. In adopting this opinion, however, I was at a loss to account for its moving apparently independently of the eye, and I did not find any explanation of this difficulty till some time after.

I had heard of moats, or, as they are technically and vaguely termed, *musce volitantes*, being seen in the eye, but I had never heard or read of anything being seen similar to what I then saw. The object appeared to me then, and has ever since, like an extremely minute tube of glass, or rather of the finest and most transparent isinglass, pierced with lateral pores. It is seen standing out in bold relief, entirely disconnected with anything else. Finally, after long and repeated observations, I came to the conclusion that it could be nothing else than one of the much-sought-for seriferous capillaries, with the lateral pores, which many physiologists, as Mascagni, Prochaska, Richerand, &c. have long supposed to exist in all the true capillaries. I was for a long time unwilling to believe myself authorized to come to this conclusion. I knew that the capillaries had never been observed in this way before, or if they had, the fact had never been made public, or had again sunk into oblivion. I could not believe it possible, as I knew must be the case if my supposition were true, that I could be the first to see *clearly* what must have been before, or rather in the very eyes of, millions during thousands of years.

As I was not at first acquainted with any means by which these vessels (for such I now *know* them to be) could at all times be rendered visible, I was frequently obliged, in order to observe them, to wait a long time, until they should become so accidentally. I very soon discovered that they were to be seen equally well in both eyes. The same vessel, however, is never to be seen with both eyes; but by that alone in which it exists. It can never be determined in which eye any particular vessel is, except by closing one eye and observing if it disappears or remains visible; after becoming acquainted with any particular vessel we of course can recollect in which eye it is seen; should we happen to forget, however, we should be obliged to go through the same course of observation as at first. I have discovered that the movement that these vessels appear to possess, independently of the eye, is not real, but only apparent; the deception is caused by our instinctively, and frequently altogether unconsciously, moving the eye in order to bring the object at which we are looking, or wish to look, into the axis of vision. Now as comparatively very few of these vessels are exactly in the axis of vision, we instinctively and unconsciously endeavor to bring them there, which, as they necessarily move in connection with the globe of the eye, we never can succeed in doing. Therefore, as we are not aware of moving the eye, and as we see the motion of the vessels, we conclude, erroneously, that they move independently of the eye; they appear to be constantly gliding from the sight; this adds much to the difficulty of observing these vessels, and is, I am persuaded, one of the main causes which have prevented them from being distinctly seen until now.

To one particular vessel, however, the above remarks do not strictly apply; it does move independently of the whole globe of the eye; hence, though not always in the axis of vision, it frequently can be

brought there, and I have on this account often been able to keep it steadily in view for an hour at a time. This is the first vessel I ever saw in this manner; it is quite large, and is distributed to some transparent moveable part of the eye, which I suppose to be floating quite loosely in the aqueous humor; it cannot be the iris, for that is not transparent. This vessel is capable of very free motion upon itself; it is sometimes folded upon itself, so as to occupy a very small space; it is the vessel I have most frequently seen, and as it is larger and more distinct than any of the others, it is the one I have most studied. I shall notice it more particularly while speaking of the physiology of the capillaries.

It is not a reflected image of the capillaries that is seen in the eye, it is a transparent view of them. They have a bright luminous appearance, and stand out in bold relief; they appear, as I have before stated, as if entirely disconnected with anything else; the parts with which they are connected being so perfectly transparent as to be invisible, they appear as if they had been separated from all adhering parts by corrosion or the most minute and delicate dissection.

The pores are seen placed at distinct intervals in the parietes of the vessels, in which they are distinguished by their form and superior brilliancy.

It is probably not from any want of transparency that these vessels are visible; I suppose them to be rendered so solely by the power which their parietes, in connection with the fluids they contain, and by which they are surrounded, possess of refracting the light. The power which refraction possesses of rendering minute and transparent objects visible, is well known. The air itself is sometimes rendered visible by refraction, as is proved by those currents of this fluid which are seen circulating over a heated stove in a cold day. It is a law of light that it is always refracted in passing from a denser to a rarer medium, and vice versâ. The air immediately over the heated stove is of course rarer than the surrounding atmosphere, and the degree of refraction is in proportion to the different temperatures and depending differences of rarity of the strata of air. It has been objected that it is not the air itself which is seen under these circumstances, but minute particles of dust suspended in it. I believe it is the air itself which is seen; should it, however, be determined otherwise by future experience, I shall not have altogether failed in my object, which is to show, by this example, the great power of refraction in rendering minute and transparent objects visible. It must be admitted that it here renders objects visible which are not so under ordinary circumstances.

The greater the refractive power of these vessels, or of any part of them, the better they are seen. I believe that on this account, when a vessel is empty it is not seen at all. The lateral pores are frequently seen, while the parietes of the vessels in which they are situated are invisible, except the little ring which forms the boundary of the pores. This is not a mistake. I have frequently, while observing these apparently isolated pores, seen the parietes of the vessels to which they belonged become visible by being, as I suppose, entered by the fluids which usually circulate in them. The eye is frequently seen full of these pores, without any distinct vessel being seen; but in this case they

are never seen so distinctly as when the parietes of the vessels are visible, or as when only a few of them are seen.

The seriferous capillaries have never been seen, until now, even by the aid of the most powerful microscopes. But it is not on account of their minuteness; the microscope renders visible objects far more minute than they are; it is on account of their transparency, of their want of color, or their exactly agreeing in color with the tissues to which they belong, of the want of color of the fluids circulating in them, of their intimate commixture and adhesion, and probable exact correspondence in texture with the parts in which they exist. They are seen, but cannot be distinguished.

I have never seen any vessel in the transparent parts of the eyes which was not porous, except one, and that is a very large one in the left eye.

No vessel with an open extremity is ever seen; sometimes, indeed, one of the lateral pores appears as if it constituted the open extremity of a vessel; but I have always been able to discover the parietes of a vessel beyond it, and to determine that it was in the side of the vessel, and not at its extremity, as the vessels have no detached end. Hence I conclude that there is a continuous and direct passage provided for the blood from the arteries into the veins. This has otherwise been demonstrated by microscopic observations, injections, &c. The parenchyma of the ancients does not exist; neither do the exhalent vessels imagined by some modern physiologists, as Haller, Bichat, &c. Exhalation and secretion are effected by the common capillaries.

The capillaries may be regarded as constituting a distinct system of vessels, arising on the one side insensibly and without determinate limits from the minute arteries, and ending in the same manner in the minute veins on the other. With regard to form and structure, they are distinguished from the arteries and veins by being pierced with lateral organic pores, and probably by unknown differences in the texture and arrangement of their parietes. It is altogether probable that the lining membrane of the arteries is continued through them into the veins. They partake of the function both of the arteries and veins; they bring the blood to, and convey it away from the different parts; they secrete, exhale, and absorb. Neither the arteries nor veins exhale nor absorb; they are mere sanguiducts. In the arteries and veins the current of the blood is confined to one particular direction; in the capillaries this is most probably not the case; it may run through them in one direction one minute, and the opposite the next, as may be seen by the microscope in the transparent parts of some animals. The general tendency of their current, however, is from the arteries towards the veins. The capillaries have no valves.

It may be contended, by some, that what I suppose to be lateral organic pores, are not pores, but the globules of the blood circulating in the vessel. Now the red globules of the blood do not penetrate these vessels; everything is here perfectly colorless and transparent; a single globule of blood appears colored under the microscope, and objects are here rendered visible by the refraction of the light and the great magni-

fyng power of the humors of the eye, which no microscope has ever enabled us to detect. Consequently I believe that if the red globules of the blood penetrated these vessels, I should see them colored. If it should still be contended that the globules of the blood do penetrate these vessels, but only after having been deprived of their color, I could not prove that they do not; I believe many of these vessels to be amply large enough to admit the red globules of the blood; but I *know* that what I take to be pores are not the globules of the blood. These pores are placed at distinct and even irregular intervals, they are seen to be seated in the parietes and not in the cavity of the vessel; besides, in one very large vessel, they are not seen at all. The globules of the blood circulate in the most minute red capillaries, in close contact with one another, like beads on a string. This is proved by microscopic observations; their movement can be seen. Now these pores are fixed and immoveable; they remain in the same relative position from day to day, and from year to year. Their existence is as evident in the most minute vessels as in those which are larger. In the larger vessels it is seen that they are not always equally open, being sometimes more, sometimes less so. They are likewise seen in the very performance of their functions. As these pores are frequently seen, while the parietes of the vessels to which they belong remain invisible, they have no doubt been described as *muscæ volitantes*. I have known them supposed to be globules of air floating in the aqueous humor; nothing can be more erroneous than the latter opinion. I have no doubt that, together with the parietes of the capillaries, they constitute the *muscæ volitantes* of the dying, and frequently cause them to pick at the bed-clothes. The lateral pores are the result of organic laws, by which the structure of the capillaries is suited to their functions; they do not result from those laws of inorganic matter which determine its porosity; they are not, then, mere inorganic pores, they are regularly organized; and without their existence in the parietes of the capillaries, these vessels could not perform their functions.

As I did not at first perceive any vessels which gave off branches, I supposed that only the most minute capillaries penetrated the transparent parts of the eye, and that on that account they did not ramify; but after some time I discovered that this opinion was not well founded; the vessels even here differ perceptibly in size; I frequently see their ramifications forming a distinct and beautiful network, the different filaments of which appear to be all of equal diameter. They anastomose with extreme frequency with each other. They are very often seen as fine as the finest hairs, and even in these the lateral pores are distinctly visible.

The fluids which circulate in the seriferous capillaries, being *usually* perfectly colorless and transparent, they cannot be seen moving in them; they cannot even be distinguished from the parietes of the vessels.

If there be any absorbents in the transparent parts of the eye, and there no doubt are, they must be seen as well as the capillaries; but as they most probably exactly resemble the latter vessels in form, I do not know how they can be distinguished from one another. The only dif-

ference which exists between them is probably merely vital and functional, and not mechanical, or of such a nature as can be discovered by the eye. It has been suggested to me that the lymphatics pursue a straight, and the capillaries a winding, zig-zag, and curved course. Some of the vessels seen in the eye run in perfectly straight lines, and as they are greatly magnified they appear to run a considerable distance without receiving or giving off branches. It does not seem to me that this is to be considered as any sufficient mark of distinction between these two sets of vessels, as seen in the eye. In the vessels which pursue a straight course, the lateral pores are seen as distinctly as in the others.

Professor Fohman, of Liege, who has paid great attention to the investigation of the absorbent system, thinks that he has ascertained that the ultimate termination of the lymphatics is not in simple and open radicles, but in anastomotic plexuses, which become finer and more delicate as they approach the surface, whether of the skin or of the mucous or serous membranes. There are not, therefore, open orifices at the extremities of these vessels; and if any orifices exist at all, they must be in their parietes or tunics.

It has been supposed by many physiologists that there is an immediate communication between the minute absorbents and the capillaries. It does not seem to me probable, though I have no direct proof either for or against it. I believe, however, that now the true form of the capillaries has been determined, anatomists generally will feel far less disposed to place any confidence in injections, as proving a direct communication between these two sets of vessels, than they have done hitherto. I can conceive it very easy to force injections through the lateral pores of the capillaries into those of the lymphatics, and vice versâ. Such is the tenuity and fragility of the coats of these vessels, that they are very easily ruptured, especially when they have been dead for some time, and putrefaction has commenced.

I would also suggest, that as absorption frequently continues for a short time after death, many minute vessels, which circulated red blood during life, may be then found to contain only colorless fluids, and may thus be mistaken for lymphatics emptying directly into the veins.

The capillaries are seen in the transparent parts of the eye by day light and by candle light. The greatest number of them is seen when the eye has been exposed to a bright light, or when we have been looking very intently at some object, and have afterwards permitted the pupil to become dilated by exposing the eye to a less brilliant light. By candle light I can see them by partly closing the eyelids and looking at the candle with one eye, so that the light is refracted in such a manner that the candle becomes invisible, though immediately in the sphere of vision, and only an irregular sheet of light is seen, upon which the vessels appear to be distributed. They of course partake of the color of the light by which they are seen. They appear as if floating in the air at some distance from the eye. That distance may be varied by placing some body, as a book, in the sphere of vision, and gradually bringing it nearer the eye; they are then seen either upon, or nearer to the eye than, the body so placed. We may thus bring the image of the vessel

as near as we please. When the vessels appear to be at a distance, they are seen greatly magnified. Thus I frequently see vessels which cannot exceed a few lines in length, or the finest hairs in diameter, as if they were a foot or even more in length, and a quarter of an inch in diameter; in this case, however, they are seen very indistinctly, and I prefer observing them when they are not nearly so much magnified.

To most persons the announcement of the fact, that they can see, in their own eyes, the appearances I have here described, will appear very astonishing, and will no doubt be received with considerable incredulity. But it is nevertheless true. Most adult persons must, at some time of their life, have seen (very indistinctly, it is true), the capillaries of their own eyes. To them they would appear as moats or specks, or as a dark vapor or cloud floating in the air, to which, on account of their indistinct form and fleeting appearance, they would pay little or no attention. They would have no desire to examine them, as they could have no hope of gaining any information if they did. They would as soon think of running after an *ignis fatuus*, when they knew it to be such, as of endeavoring to discover what these objects were; and how many things are left undone, solely because we do not see or believe in their possibility? I myself had seen the capillaries in this indistinct manner, long before the subject was particularly forced upon my attention. I do not believe that at the time I first noticed them, there was anything peculiar in the state of the vessels of my eyes. At present they *may* be somewhat more injected than usual, and the parietes of some of them a little thickened; this, together with the long experience I have had in observing them, may be the cause of my seeing them so very distinctly. Though in the daily practice, for more than five years, of observing the capillaries in this way, I do not perceive that my sight has been at all impaired; it has always been good, and I believe never better than at this moment.

Had it not been for the fortunate accident mentioned at the commencement of this paper, I should probably never have detected the existence of the capillaries in the transparent parts of the eye. The circumstances there mentioned were peculiarly favorable for their discovery; and besides the favorable external circumstances, there is another, deserving of notice; my perceptive faculties were at the time peculiarly active, having been previously called into full play in observing the minute operations of the spider. Hence I am probably indebted to that insect for the discovery of the true form and structure of the capillary vessels, and for the pleasure of seeing one of the most beautiful objects which can possibly meet the eye of the physiologist.

I do not depend for proof of the accuracy of my observation on my own experience alone. Others have seen the capillaries in the same manner as myself. One non-professional gentleman, in particular, remarkable for acuteness of observation, to whom I showed a drawing of one of these vessels, immediately recollected having seen something in his own eyes which he thought bore some resemblance to it; but having paid no particular attention to the subject, he could not speak with confidence. A few hours after, he told me that he saw something in

one of his eyes which exactly corresponded to the vessel I had represented in the drawing, except that it had not the particular curve I had given it. I replied that that was not essential, and that the objects seen might be straight or curved, or in fact assume any form which the capillary vessels possess. Some days after, he told me the more attention he paid to these objects, the more he saw them, and even complained of their being troublesome to him, and expressed a fear lest their appearance should be the premonitory symptom of some disease of the eyes, as cataract, amaurosis, or the like.

I believe that every intelligent person who is possessed of good sight and the necessary concentration of mind, and acuteness of observation, will be able to see them, by making use of the proper means. I have no doubt that in a short time hundreds will be able to certify from their own experience to the truth and accuracy of many of my observations. I do not, however, expect all of them to be very soon confirmed, for that will require long experience, and more time and attention than most persons will be willing to devote to the subject. It will soon cease to appear wonderful that the capillaries in the eye are now seen; the matter of astonishment will be that they were not seen before.

This mode of observing the capillaries is as satisfactory as it is novel. Such is the tenuity of these vessels, so exactly do they correspond in color and probably in texture with the parenchyma of the parts in which they are found, that the very existence of the seriferous capillaries has never been demonstrated, even by the microscope. Many celebrated physiologists, as Mascagni, Prochaska, Richerand, &c. deny that any such vessels exist.

Until now, we have had no anatomical proof of the existence of lateral organic pores in the parietes of the capillaries, and some of the best anatomists and physiologists of the present day, denying the existence of the exhalent vessels of Haller and Bichat, believe that the fluids enter and escape from these vessels, by means of imbibition and exbibition through inorganic pores, i. e. such pores as exist in inorganic matter. When the true structure and functions of these vessels are better known, it will be seen how inefficient such pores would be. I doubt if the existence of the organic pores would ever have been detected in any other situation, or by any other means, than those which I have pointed out. I doubt even now, when their existence has been proved, if we shall ever be able to verify it in any other way. The microscope, in all probability, never will detect them.

As these pores are seen in the living body, and in a part so delicate as the eye, we cannot attribute their existence to the knife of the anatomist or to rupture from mechanical violence; and from the constancy and universality of their existence, we cannot attribute it to disease or accident. Had they been observed only in some of the lower animals, it might possibly have still been denied that they exist in man; this, of course, cannot be done at present. By observing the capillaries in the eyes, we detect them in the very act of performing their functions.

For the sake of precision and uniformity, which are very desirable qualities in anatomical and physiological language, it would be well to

apply the epithet *capillary* exclusively to those vessels whose parietes are pierced with lateral organic pores, and which perform some other function than that of merely conveying the blood. The other blood-vessels, however minute, should be considered and spoken of as arteries or veins. We may also distinguish the capillaries by the epithets sanguiferous and seriferous, or red and white, from the nature and color of the fluids which they convey.

Some observations on the Physiology of the Capillaries.—In entering upon the consideration of the functions of the capillaries, the first inquiry which naturally presents itself to the mind, is, upon what the motion of the blood in these vessels depends? Whether it is caused by the impulse communicated to the circulating fluids by the contraction of the heart and elasticity of the arteries, or by any impelling power which the capillaries themselves possess. When physiologists began to recover from the first dazzling effect of Harvey's brilliant discovery, they saw the necessity of the existence of some other motive powers than that of the heart. What those motive powers are, has long been a matter of dispute among physiologists. M. Magendie and many other modern physiologists contend that the motion of the blood in the capillaries depends entirely upon the impulse of the heart, and elasticity of the arteries and of the capillaries themselves. But this opinion appears to be entirely inconsistent with the known properties and functions of these vessels. It is entirely contrary to, and inconsistent with, many physiological and pathological phenomena. It will not explain local determinations of blood, nor local anæmia. M. Magendie is obliged to acknowledge this, and imputes them to the influence of innervation. I quote his opinions from a work lately published by him, entitled "*Leçons sur les Phénomènes Physiques de la Vie.*"

"Far be it from me, however, to fall into the opposite error of exaggerating the importance of physical explication in interpreting the phenomena of which the animal economy is the seat. Thus why do we see the face become flushed or pale from the influence of moral emotions, more or less lively? Whence those changes of color and of temperature which the skin undergoes from the influence of causes as numerous as varied? This want of harmony between the movements of the heart and the capillary circulation necessarily indicates that there is here something peculiar, something which at least, in the present state of our knowledge, cannot be explained by physical laws. It appears to me probable that it is by the influence of innervation that these modifications are effected. And hence when any part whatever of the living body is completely withdrawn from the influence of the nervous energy, its circulation very soon becomes deranged and even suspended."—P. 202.

It is well known that in asphyxia the circulation of the blood is arrested in the capillaries of the lungs, long before the action of the heart ceases, even when the mechanical phenomena of respiration are perfectly well kept up. M. Magendie's theory of the circulation will not explain why the blood is sooner arrested in the pulmonic capillaries than in the systemic. The former being nearer the heart, should continue longer, according to it, to circulate blood, even allowing for the weaker

power of the right ventricle. It will not explain why the action of some of the secretory organs is almost entirely, if not altogether suspended, while that of some others is at its greatest activity. It appears to me the height of absurdity to suppose that the proportional quantity of blood which flows through a part can be constantly and invariably calculated by the size of its arteries. In the systemic capillaries the blood must circulate after it has been deprived of its nutritious and stimulating properties. As they are also agents of absorption, the absorbed fluids must circulate in them. Now, secretion, exhalation, and absorption, would be constantly interrupted if the motion of the blood in these vessels depended on the impulse of the heart. Suppose, for instance, that mucus was in the process of being formed in one of the capillaries; it might, according to this theory, be forced by the contraction of the heart, through it into the veins. Exhalation and absorption alternate in the capillaries; now by this theory, absorption could not take place. Before a capillary can absorb, it must in a great measure empty itself of the fluid contained in it, by passing it forward into the other capillaries or into the veins, and likewise have the power of preventing the entrance of new blood from the arteries or other capillaries. It must have some attractive power by which it draws the extravasated fluids into its cavity. In one of the capillary vessels I have observed a movement very much resembling the peristaltic motion of the intestines; but I have supposed that it may depend upon the floating of the part to which it is distributed in the aqueous humor.

It is my decided opinion that many of the capillaries are at times entirely empty. I have seen parts of some vessels, without at the same time being able to see other parts which I know, from previous or subsequent observation, to be immediately contiguous, in consequence, as I suppose, of those parts not containing any fluid, contracting so as to obliterate their cavity, and in this state having less refractive power, and therefore being invisible. As I have already mentioned, I sometimes see the lateral pores without being able to perceive the parietes of the vessels in which I know, from previous observation, they are situated, though I can see in every direction around them. Frequently, while watching these apparently isolated pores, I see the vessels to which they belong spring up, upon the sight, as if from the entrance of fluid into them.

M. Magendie denies that the capillaries are possessed of any specific contractile power, and imputes their contraction entirely to elasticity. Now I contend that the blood in these vessels must be moved by some other power than the impulse of the heart, or they must be possessed of some other contractile power than simple elasticity. I have seen in the eye one part of a quite large vessel, so much contracted as to be scarcely visible, while the other parts of the vessel, immediately contiguous, were more than usually distended. Now if the power which moves the blood in the capillaries be the impulse of the heart, and if they be not possessed of any other contractile power than elasticity, I do not understand how one part of the vessel can contract more than another; I think that under such circumstances every part should be contracted

equally. It is not that one part of the vessel is always smaller than the other ; as the very part which is seen at one time contracted, is at another time seen very much distended, and vice versâ ; different parts of the same vessel are contracted at different times. I have seen this so distinctly and so repeatedly that I *know* I have not been deceived.

If we allow the motion of the fluids in the capillaries to depend on the nervous influence, the existence of any other contractile power than elasticity in those vessels does not seem absolutely necessary to account for their local contractions and expansions. When the fluids are not attracted to a particular part of the capillaries, the elasticity of that part will enable it to contract ; when they are so attracted, its elasticity permits it to yield and expand. I think, however, the phenomena observed in the eye are much better explained by supposing the capillaries to possess some specific contractile power.

I believe, then, that the motion of the blood in the capillaries, under ordinary circumstances, does not depend on the heart. There are some animals which have no heart ; but yet have a very active capillary circulation. In some animals the circulation continues for a considerable time after the heart has been carefully removed, and then appears to cease only because no new supply of blood can be sent to the arteries. Fœtuses have been born with many of their organs perfect, but without any heart. I believe the motion of the blood in the capillaries to be caused, *under ordinary circumstances*, by the contractility of these vessels, and by a complication of attractions and repulsions, depending, no doubt, on the nervous influence. We know that galvanic electricity exercises a locomotive influence on fluids ; and from the great similarity, if not absolute identity, of these principles, it is probable the nervous influence has the same property. This theory will account for local determinations and anæmia, for the alternation of exhalation and absorption, for the suspended and increased action of secretory organs, and for the formation of the secreted fluids in the cavities of the capillaries. It is probable that during sleep the capillary circulation of the organs of the mental faculties is suspended.

For reasons already mentioned, I believe that the capillaries do possess a contractility peculiar to themselves ; the phenomena observed in the eye do not, I think, easily admit of any other explanation.

It is in the capillaries considered, in general, as a particular set of vessels, that peculiar and specific changes are effected in the blood. In the systemic capillaries the blood loses its red color, and has abstracted from it the principles suited for nutrition and the various exhalations and secretions. In the pulmonic capillaries it regains its red hue and nutritious and stimulating properties, and is again rendered fit to be sent to the systemic capillaries. These vessels are consequently the agents of nutrition, secretion, exhalation, absorption, sanguification, inflammation, &c. Their functions vary in different parts of the system, and even in different parts of the same organ, according to the various textures of which it is composed. For instance, in the lungs there are capillaries appropriated to the arterialization of the blood, others to the nutrition of these organs, others to the secretion of mucus, others to the exhalation

of the serum lubricating the pleuræ. There is no reason to believe that the form and structure of the capillaries vary in all these different situations; yet their products are all different, and we must impute this to some peculiarity in their vital properties and innervation. A knowledge of their form and size throws no light upon their *vital* functions.

There are the strongest reasons for believing that the various secreted and exhaled fluids are actually formed in the cavities of the capillaries, and that chemical and vital changes are effected in the fluids contained in them in a mass, through the agency of the nervous influence, and that it is not in the very act of escaping from them that the products of secretion are formed. In proof of this I would mention that I have frequently seen the capillaries in the eye assume a dark hue, depending, as I suppose, on some chemical change going on in the fluids contained in them, causing them to become turbid. This appearance is not always limited to the vessels, but is frequently seen in the surrounding parts, as if from the effusion of the turbid fluid.

M. Magendie, in the work I have before quoted, in order to prove that the secretion of intestinal mucus is not an exclusively vital phenomenon, and that it depends in part on physical laws, adduces the following experiment, page 38. "There is one fact to which I wish particularly to invite your attention; it is that the secretion of intestinal mucus is not an exclusively vital phenomenon, but that it depends in part on physical laws. If you wish to have this proved, remove, by carefully scraping with a scalpel, the layer of mucus from any part of the mucous membrane of the stomach, and you will find the next day a new layer of mucus deposited in the same place. Now, since this secretion has taken place in an inanimate tissue, it must necessarily have been effected by physical, and not vital laws." I suppose the mucus to have been already formed in the cavities of the capillaries, during life, and the first layer of mucus having been removed, these vessels to have contracted and forced it through their lateral pores into the excretory ducts of the minute glands, by which it escaped to the external surface of the mucous membrane. I do not believe the mucus in this case to have been formed after death, but during life; and having been once formed, the elasticity of the dead vessels is fully sufficient to convey it to the surface of the mucous membrane.

Secretion is not so slow a process as many suppose. If we turn outwards the interior surface of one of the lips, and carefully remove the moisture from the mucous membrane, we can see distinctly the minute orifices of the excretory ducts of the buccal mucous glands. By waiting the space of a minute, we can see the mucus escaping from these orifices, and in that short time forming a drop nearly equal in size to the whole gland from which it proceeds. Now we can hardly believe this drop to have been formed in that short time solely in the act of escaping through the lateral pores of the capillaries into the excretory ducts of the gland. It is much more reasonable to suppose it was formed in the cavities of the capillaries supplying the gland, and that the lateral pores and excretory ducts are merely channels for its escape. The minute mucous glands are composed of excretory ducts, capillaries distributed to these

ducts, nervous filaments, and mucous tissue connecting these different parts together.

I would propose the term *Secernation* for that process by which the constituent principles of the fluids about to be exhaled or secreted are brought together and combined in the cavity of the capillaries. It is possible that this process may commence in the arteries while yet of a considerable size.

As I have already remarked, exhalation and absorption take place alternately in the capillaries; they are effected by means of the same lateral pores. I have repeatedly seen minute shining particles or globules of fluid entering and escaping from them in the same vessel, thus deciding, by means of *ocular* demonstration, the long agitated question with regard to the absorption of the veins. The capillaries alone absorb, the veins do not, though it has been proved that fluids may enter their cavities by means of imbibition through their parietes. Whenever I have seen a vessel absorbing, it has always been very much contracted; consequently the absorbed fluid could not enter its cavity except by being drawn into it by some attractive power. These vessels have no active power of expansion. In local determinations, as well as absorption, the fluids are drawn into the vessels and distend their parietes.

I do not believe that the existence of open radicles in *some* of the capillaries would be at all inconsistent with their functions. The retrograde motions which those vessels admit of would provide for the passage of their recrementitious fluids into the veins.

The capillaries exercise much less choice with regard to the fluids they absorb, than with regard to those they exhale. They apparently absorb indiscriminately the most deadly poisons, as prussic acid, strychnine, &c. and the most bland and simple fluids. "Twenty years ago no one doubted that the lymphatic system was the exclusive agent of absorption, and now every one knows that any substance, whether acid or alkaline, useful or deleterious, is absorbed as soon as it is placed in contact with our tissues; it is effected, therefore, by imbibition, and all that has been said concerning the intelligence of the pores, is but a fanciful romance entirely out of date at the present day."—*Magendie*, p. 14.

We can now understand why the degree of fullness or vacuity of the veins has such an important influence on capillary absorption. Before the capillaries can absorb, they are obliged to empty themselves in a great measure of their contents, by passing them forward into the veins, which of course they will do with more or less facility, according as these vessels are more or less distended. They must also have the power of preventing the entrance of the fluids contained in the arteries, which are constantly pressing forward to be admitted; hence an excited state of the circulation is unfavorable to capillary absorption. Capillary absorption is of course greatly facilitated by the valves of the veins.

The knowledge gained by observing the capillaries in the transparent parts of the eyes, is capable of many interesting applications. It explains very satisfactorily the physiology of dropsy. In this disease the exhaled fluids probably always exceed the normal quantity; hence the capillaries are kept more than usually active in exhaling, and too little

time, or none at all, is given them for the performance of their other most important function, viz. absorption. It was formerly thought that dropsy arose from the inactivity of the absorbent system; but there is great reason to believe that this system is more than usually active in most dropsies. Does not the anatomist choose a dropsical subject when he wishes to demonstrate the lymphatics, because he knows that they are usually more developed in such subjects as die from chronic dropsy? in consequence, it may be supposed, of having been more than usually active during life. In active dropsy exhalation is too abundant, because too much blood is attracted by the capillaries: in passive dropsy it is too abundant, because they have lost their tone and retentive power; in either case capillary absorption cannot be properly performed. Thus I have known œdema produced by simply keeping up, by friction with the hand, an uninterrupted and increased flow of blood to a part, without carrying it to the extent of producing inflammation. Blisters, which are nothing more than subcuticular dropsies, are no doubt produced on the same principle. I have also seen œdema of the foot and leg produced very suddenly by the injury of a nerve inflicted in forming an issue just below the knee. Digitalis, in all probability, produces its beneficial effects in dropsy, simply by diminishing exhalation, and thus *indirectly* increasing absorption. It is well known that œdema of the lower extremities is usually diminished or entirely disappears at night, when the patient is in bed. This does not arise solely from the facilitated return of the blood through the veins, when the limbs are placed in a horizontal position on a level with the trunk; it in part depends on the fact that in this position less blood is sent to the capillaries of the lower extremities, consequently exhalation is diminished, and the vessels are allowed time to absorb.

It has long been a matter of dispute among physiologists whether imbibition takes place in the living body. Innumerable experiments and observations have now demonstrated that it does; it is, however, greatly controlled by absorption, and is otherwise governed by laws with which we are not yet well acquainted. The very existence, however, of the lateral organic pores in the capillaries, is sufficient to prove that exhalation and absorption do not take place by means of imbibition.

Nutrition is the means by which all organized bodies are originally formed, and as long as they retain their vitality, it is constantly carried on in them more or less actively, in order to counteract their perpetual tendency to waste and decompose. This is a very important function of the capillaries. These vessels receive blood, or such constituent parts of it, from the arteries, as are suited to the nutrition of the different tissues to which they belong; certain chemical or vital changes are, no doubt, wrought in the fluids while yet in the cavities of the capillaries, through the agency of the nervous influence; then either the whole or certain parts of them are permitted to escape through the lateral pores in a fluid state, and are imbibed by the living solids; here those parts which agree in composition with the different tissues are incorporated with, and united to, them by a chemical or vital affinity; the other parts, holding in solution or suspension the recrementitious particles of mat-

ter, are reabsorbed by the capillaries and lymphatics, either to be thrown out of the system as excrementitious, or, after having undergone certain changes in the lungs, to be again returned to the systemic capillaries.

Though it has been placed beyond all doubt, by innumerable experiments and observations, that the lymphatics really do absorb, the exact range and purpose of their function is by no means well known. While some physiologists regard them as the exclusive agents of absorption, others believe that, under ordinary circumstances, they take very little part in it. M. Magendie, in the work I have before quoted, expresses his opinion as follows.—“I have convinced myself that most commonly the lymphatic vessels are not filled with fluids, nor traversed by an interior current, and, therefore, on most occasions, cannot be the agents of absorption. The veins, on the contrary, whose function it is constantly to reconvey the blood from the periphery to the centre, ought justly to be regarded as the ordinary avenues by which the extravasated fluids re-enter the circulation. And besides, is not that which anatomy authorizes us to assume, fully confirmed by the results of the numerous experiments which I have made with a view of determining this point? There is only one great absorption, that of the chyle, which forms an exception to this general law; and that is of an entirely distinct kind, and is deserving of our especial attention.”—Page 26.

May, 1837.

Mass. Med. Society.—Owing to the length of Dr. Alexander's communication, the account intended of the late anniversary is necessarily postponed to another week. The following, however, comprises the list of Councillors for Suffolk District the ensuing year.

Drs. J. Jackson, B. Shurtleff, J. C. Warren, J. Randall, G. C. Shut-tuck, W. Channing, J. Bigelow, Geo. Hayward, Enoch Hale, S. D. Townsend, J. Ware, Z. B. Adams, D. Osgood, E. Reynolds, J. Homans, W. Strong, J. Jeffries, G. B. Doane, W. Lewis, G. W. Otis, S. Morrill, J. V. C. Smith.

Dr. Geo. C. Shattuck was re-elected President, and Dr. Nathaniel Miller Vice President, on the following day, by the Council.

Surgical Observations on Tumors.—A beautifully printed octavo, containing six hundred pages, with numerous colored engravings, was published by Crocker & Brewster, yesterday, from the pen of Dr. John C. Warren, who leaves Boston the present week, for Europe. We shall soon be ready to speak more at large on the value of this splendid work.

Plague.—Such is the general prevalence of the plague in very many parts of Asia, and Turkey in Asia, with which American vessels have a constant intercourse, that, under the present culpably slack system of sanitary prevention, there is great danger that that awful scourge of mankind will be imported into this country, either in rags or wool, or both, which are collected in the very plague districts, where hundreds a day are dying. They manage much better in England and France.

Connecticut Med. Society.—At the late annual meeting, Dr. Miner, who has been long honored with the presidency, declined a re-election.

The address delivered by him on the occasion of his resignation, is placed, in part, in the order of publication in the Journal. Silas Fuller, M.D. was elected President; Elijah Middlebrook, M.D., Vice do.; Luther Ticknor, M.D., Treasurer; and Charles Hooker, M.D., Sec'y.

Fever in Antigua.—A fever of a very fatal type has been a considerable time raging at this place, which the physicians seem to have no power of controlling. At the last accounts, the mortality was terrible.

Chinese Eye Infirmary.—From a communication, recently received from Canton, the following gratifying facts have been gathered. The Eye Infirmary has evidently been gaining favor with both natives and foreigners, ever since its establishment. The expenses, since its erection last season, if we recollect rightly, have been not far from \$1200, and the contributions by strangers have exceeded that sum by about \$300. The entire number of patients, up to Sept. 8th, 1836, was 1,912. So great is the press of business that vast numbers are obliged to go away without being operated upon, owing to the impossibility of having everything done by one single oculist—who is without an assistant.

Whole number of deaths in Boston, for the week ending June 3, 30. Males, 10—Females, 10.

Consumption, 2—smallpox, 2—debility, 1—croup, 1—lung fever, 1—inflammation of the lungs and pleura, 1—by a fall from a house, 1—infantile, 1—inflammation of the larynx, 1—injury of the head, 1—old age, 1—cholera morbus, 1—inflammation of the bowels, 1—bronchitis, 1—puerperal fever, 1—cancer of the stomach, 1—chronic pleurisy, 1—stillborn, 5.

MEDICAL LECTURES.

THE Medical Lectures at Dartmouth College will commence on *Thursday*, the third day of next August, and continue *fourteen* weeks.

Anatomy, Surgery, and Obstetrics, by	- - - - -	R. D. MUSSEY, M.D.
Physiology, Mat. Med. and Legal Med., by	- - - - -	D. OLIVER, M.D.
Theory and Practice of Physic, by	- - - - -	J. DELAMATER, M.D.
Chemistry and Pharmacy, by	- - - - -	O. P. HUBBARD, M.D.

Fee for the course, \$50. Matriculating fee, \$2.

Hanover, N. H., May 26, 1837.

J—73w

AMERICAN MEDICAL LIBRARY.

THIS Library is edited by Prof. Dunglison, published in semi-monthly Nos. of 128 octavo pages each, making in a year 3328 pages—being nearly 200 pages more than any other Library published, and elegantly printed. 16 pages of the work are devoted to medical intelligence, and 112 pages to a republication of some work of standard character. The three first Nos. contain Wardrop on Blood-letting, 74 pages; Wardrop's Morbid Conditions of the Blood; Stokes's Theory and Practice of Medicine, 152 pages printed; Brodie's Nervous Affections, 74 pages; Haad on Deafness, 92 pages; Formulary of New Medicines. Among the works imported for the Library are, Guy's Hospital Reports, St. Thomas's do., Collins's Treatise on Midwifery, Cormack on Creosote, Mayo's Pathology, Reiborski's Auscultation, Plumbe on the Skin, Cooper's Surgery, Latham's Clinical Medicine, Dewson's Study of Medicine, Fletcher's Physiology, Newnam's Disorders of Literary Men, Cowan's Manual, Bright and Addison's Physic, Macrolin's Introduction, Hodgkin's Lectures, Travers on Constitutional Irritation, &c. Price \$10 per annum.

"For the credit of our common country, for the great and manifest advantages to be derived from the laborious research and industry of Dr. Dunglison, we hope the Library and Intelligencer will live and go down to future times.—*Boston Med. and Surg. Jour.*

The Medical Profession are invited to examine the work at our Rooms, 121 Washington street.

May 24—3t

WEEKS, JORDAN, & CO.

THEODORE METCALF—APOTHECARY,

NO. 33 Tremont street, ten doors north of the Tremont House, devotes his chief attention to compounding prescriptions; and assures physicians that, in his establishment, no persons will be entrusted with this duty, except those of skill and experience, and no articles used but those of the best quality.

T. M. keeps no quack medicines, but chooses to rely for support upon regular practitioners and their patients. He is permitted to refer to Drs. Jackson and Reynolds.

May 24.

3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 131 Washington Street, corner of Franklin Street, to whom all communications must be addressed *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

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WEDNESDAY, JUNE 14, 1837.

[NO. 19.]

CASE OF SOMNAMBULISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the annexed history of a case of somnambulism is worth publication in your Journal, it is at your disposal. It took place in the years 1834–5, at Gloucester, in this State, and was witnessed by numbers of intelligent men, who can substantiate every material fact here stated. Among others might be mentioned the names of Dr. Joseph Reynolds, of Gloucester, a gentleman well known to the medical profession throughout Essex County, and Jabez R. Gott, Esq., who is also extensively known as Agent for the American Isinglass Company, and who was present at the bedside of the patient, and took notes of his conversation in more than one instance. During the first, and most interesting period of the disease, the young man was under the care of Dr. Reynolds, with whom I was a student at the time, and who recently stated the outlines of the case before the Essex District Medical Society. For a short period during its decline, he was an inmate of the Mass. General Hospital, where, if I have been rightly informed, his case now stands on the register as a modification of epilepsy.

South Boston, June, 1837.

BENJAMIN HASKELL, M.D.

The subject of the following statement, Mr. Wm. Blatchford, Jr., is a native of Gloucester, where he now resides. He is about 20 years of age, and is in the full possession of his mental faculties. His bodily health had been good, from a child up to the period of his attack. The season previous he was employed on board a freighting vessel which runs between this port and New York, and had been at home but about three weeks when the first symptoms manifested themselves. On the evening of January 2d, 1834, he complained of a severe pain in the head, and retired to rest rather sooner than usual. The next evening he complained of a similar pain, but more severe. This took place half an hour earlier than on the preceding evening, and was attended with confusion of ideas, and various marks of mental disturbance. On the third evening, still earlier, began what seemed to be a regular paroxysm of intermittent fever, passing successively through the cold, the hot, and the sweating stages. The disease continued in this form about three weeks. His physician, Dr. R., judging from present appearances, and from the possibility of his exposure to malaria while at New York, inferred that it must be nothing more nor less than intermittent fever;

and, in consequence, the usual treatment for that disease was adopted, but with indifferent success. The paroxysms continued anticipating their periodical times, until they began to come on at one o'clock in the afternoon, when the disease suddenly changed its type. The patient was attacked, at uncertain periods in the day, with a series of fits, which varied much in number and duration, as well as in character. Some of them resembled epilepsy, others ecstasy or trance, during which he would lie from half an hour to an hour without sense or motion. In others, one set of muscles alone would seem to be affected. When this was the case with the respiratory, it was distressing to witness the convulsive paroxysms that followed, and which seemed to arise from a want of consent between the action of the muscles that serve to dilate the chest, and those which regulate the admission of air into the lungs. Strong efforts were made by the diaphragm and thoracic muscles to effect inspiration, while the glottis remained closed. During these efforts the patient was completely insensible. The convulsive catchings and throttlings, alternating with complete suspension of the passage of air through the trachea, so long as in many instances to lead those around to believe him dead, were succeeded by a continued, deep, agonizing groan, which lasted during the whole of expiration, and constituted it.

Sometimes he would display great agility and command over the system of voluntary muscles, performing the feats of a rope-dancer with singular dexterity and address, placing himself in a variety of grotesque attitudes, leaping on the necks of persons at a distance, on the mantelpiece, and walking its length, and balancing himself with one foot on the back of a chair.

That variety of somnambulism, from which it takes its name, was noticed in connection with these paroxysms a number of times. But its duration was usually so short that it attracted but little attention, compared with other symptoms. He was occasionally observed to go through a variety of movements about the house, while apparently asleep, such as blowing the fire with the bellows, sweeping the hearth, and arranging the chairs in order.

When these paroxysms were frequent and severe, he would appear somewhat irritable, morose and dull of apprehension in the intervals. His memory was affected by them. Often, when food or medicine was offered, and urged upon him, he would object to taking it with warmth, and in a few hours affirm that nothing of the kind had been presented to him.

On the subsidence of the above paroxysms, particularly those of the convulsive kind, it was ascertained that he possessed great acuteness of several of the senses. This became apparent in regard to the senses of touch and hearing, from the fact that slight impressions on the skin were painful, and faint sounds unpleasantly loud.

But it was in the organ of vision that this effect was most strikingly manifested, and gave rise to numerous conjectures and hypotheses in the imaginations of the learned and unlearned to account for it; the former speculating until they entered the mysticisms of animal magnetism, the latter stopping short at the gate of her homespun sister, witchcraft. It

was not until the middle of February that the discovery was made of the great sensibility of the eye to light, though in all probability it existed a month before. It happened accidentally. The light having been removed from the room, just as he was coming out of one of these paroxysms, his mother, who remained with him, in crossing the floor came in contact with a chair. On his inquiring why she did so, she replied, "because it is so dark that I cannot see." He seemed surprised, and in re-joining, observed that he could see to read the lettering on the back of the bible which was then lying on a table at the opposite side of the room. His father then came in with the light. He complained that it dazzled his eyes. A handkerchief, folded a number of times, was then applied over his eyes, and a copy of Watts's psalms and hymns was presented to him, out of which he read several stanzas. This experiment was often repeated during his illness; it was witnessed by myself, as well as by a number who were incredulous at first, but who were soon convinced, when they saw the patient, that deception was impossible. Other phenomena occurred, exhibiting acuteness of vision to a remarkable degree. The house in which he lived overlooked a large bay, the entrance into the harbor. Frequently during the day, as soon as he had come to himself after a fit, he would look out of the window and distinguish vessels coming into the harbor, and what they carried on deck, describing minute particulars, when the hull was scarcely discernible in the distance to the bystanders. On one occasion, I was present to witness him in one of those paroxysms of the respiratory system, which have been spoken of as peculiarly violent and distressing. It was between twilight and dark, and there was no light in the room (the patient's state at such times not allowing one), when two persons came in, whom I did not recognize, from the place where I sat. Immediately on the subsidence of the paroxysm, two closely folded silk handkerchiefs were placed over his eyes by the hand of his father, and held in such a manner that he seemed to look through the hand as well as the handkerchiefs. He was then requested to name the individuals in the room, to the number of ten or twelve, his father pointing at each successively. The young man did so, calling by name those who entered while he was insensible, as well as the others. At another time he read fine print through ten thicknesses of diaper, held by a lady who was unwilling to believe the evidence of her senses. Letters at this time, as he expressed to Mr. Gott, appeared to him as large as the ends of one's fingers, and men were magnified into giants.

This exaltation of vision continued after it was discovered, more than a month, and disappeared as the fits assumed more and more of an epileptic character. It invariably came on at the close of one of those irregular convulsive paroxysms, and usually lasted but a few minutes. Whether it depended on an increased sensibility of the retina, or an increased activity of the power of perception within the brain, or on a principle of sympathy, by which the sensorial organs and the other nerves, respectively, assume a certain state, in consequence of an impression being made on one of them, alone, which had formerly affected both simultaneously and thrown them into the same state, or, finally, as

the majority of animal magnetizers assert, in the elevation of the ganglionic nerves to the office of the sensorial, are questions belonging to the metaphysics of physiology.

Sleep-talking manifested itself as soon as the above-mentioned affection of the sense of vision. It continued, however, some time after the latter ceased. About the period of its commencement it was usual for him to have from three to five convulsive fits between 4 and 6, P. M., after which he would express a desire to retire to rest. When the bed was prepared for him in an adjacent room, he arose from his chair, went in, and undressed himself. He would then leap from the floor on to the bed, and the instant his foot touched it, he would fall on his back, as senseless and motionless as a corpse. From that moment, until he awoke the next morning, of his own accord, nothing would rouse him. Every method that was tried to elicit signs of sensation, as pricking with a needle, pinching biles, of which he had several, and irritating blistered surfaces, proved unavailing. He commonly reclined on his back, his eyes half closed, the cornea hid beneath the upper lid, respiration scarcely perceptible, pulse slow and feeble. After remaining in this state an uncertain period, varying from a few minutes to half an hour, he would begin to give signs of uneasiness, by sighing, turning from side to side, opening his eyes and rolling them from without inwards, and from within outwards, though with so much velocity that the state of the pupils could not be ascertained. These movements were followed by a slight convulsive motion of the jaws, with grinding of the teeth. The whole never occupied more than five minutes, was universally the prelude to talking, and was again renewed in the intermissions of his discourse; the phenomena occurring in the exact order in which they have been mentioned, constituting, as it were, a title-page to the book of his story. As soon as they ceased, he commenced. His subject was generally, and always at the first, connected with the seas. He imagined himself to be the captain, and owner in part or in whole, of a merchant vessel, which he would take charge of while lying at the wharf unladen, and would commence with purchasing a cargo, or engaging a freight. Then followed the process of loading, during which he would describe the articles as they were hauled down to the landing place, and give minute directions in relation to the order in which they were to be taken on board, and in what part of the ship they were to be placed. He then got the ship ready for sea, cleared at the custom house, removed her from the wharf, and anchored her off in the stream. Next came the arduous task of hunting up the crew among the grog-shops and boarding-houses, getting them on board, and keeping them there, until he gave orders to weigh anchor and set sail. He gave his directions with precision and coolness, weighing the anchor, and setting one sail after another in the best and most expeditious manner; trimming his sails with reference to the direction of the wind and his own course, making frequent observations on the weather, or the vessels, islands, points, ledges, and shoals, he was liable to fall in with, going out of the harbor, evincing a degree of nautical skill and an acquaintance with maritime affairs altogether foreign from him when awake. His

voyages exhibited the incidents usual to a seafaring life. His pilot was regularly discharged at the mouth of the harbor, and as regularly came on board at the return of the ship. He caused the anchor to be unbent and secured, and the cable to be stowed away, shaped his course, took his departure, and kept a reckoning of the ship's way, throwing the log periodically, and taking the altitude of the sun to ascertain the latitude.

When the weather was calm, he would frequently amuse himself with recounting the adventures of his former voyages. In these narrations he adhered strictly to truth; giving generally an account of the voyage immediately preceding the one in which he was then engaged, every circumstance of which he would remember with accuracy and detail with fidelity, though an interval had passed of twenty-four hours, and in the mean time, when awake and sensible, on being questioned, he was found to know nothing of it. To give an instance. Having cast away a ship on a small island near Cape Ann, the night following he gave the particulars just as they happened, describing the manner in which the ship struck the rocks, who was on deck with him, the number that escaped, how they succeeded in reaching the shore, and how they managed, by turning over the long boat, to shelter themselves from the weather.

When a storm was approaching, he made every disposition that a skilful commander could do to meet it, furling the small sails one by one, and reefing the large ones as the gale increased, sending down the topmast spars, and exhibiting, in his remarks on the violence and probable duration of the gale, the alternations of hope and fear, natural to one who felt that property and life were at stake.

Throughout the whole, whether at sea or on shore, in fair weather or foul, no mistake in point of fact, no error in judgment, no inconsistency in conduct, could be detected by those who watched his conversation narrowly, and who were capable from experience and education to see them if they occurred. All were struck with the extent and accuracy of his knowledge, not only in relation to the management of a ship, but of geography, navigation, and the manners and customs of different nations, of which he knew comparatively nothing when awake. No less surprising was his acuteness of memory and judgment, and fertility in expedients.

To illustrate the state of his mental faculties, as well as of his moral feelings, at these times, a few facts and anecdotes will be related before proceeding farther.

His cargoes were always adapted to the port to which he sailed, and his return cargoes consisted of such articles as are usually brought from such ports. He always knew what articles were on board, the order in which they were taken in, and directed them to be hoisted out in the opposite manner. Thus it was frequently noticed that goods which came on board first, when at one of the American ports, in India would be hoisted out last, and vice versa. Once, on examining the manifest just after leaving port, he told the mate that there was one article in the vessel that he had not registered. And although the captain did all the talking, the

bystanders inferred, from the tenor of the conversation, that the mate denied that the article was on board. The matter was suffered to rest until the arrival of the ship in port, and discharge of her cargo, when the identical article in dispute made its appearance; the captain, addressing himself to the mate, says, "did not I tell you that was on board? now where is your manifest?" Whatever damage was sustained, no matter how trifling, he was sure to think of it and have it repaired at the next port. He had many fierce encounters with pirates, but always came off victorious. So cool, precise, and minute, was he in his directions and manœuvres, and so closely did he scan the appearance and manœuvres of the hostile ship, that the whole scene was presented to our view as vividly as the sea fights depicted in the pages of the *Pilot* and *Red Rover*.

There was one exception to the remark made above, that his voyages were all adapted to the port to which he sailed, which, as it concerns the character of the capital of Essex County, I am induced to mention. The trip was out of his usual line, and he seemed to undertake it because he could not find a vessel suitable for him to purchase. He bought an old schooner, and came to Salem with a cargo of wooden squashes and pumpkins, where he succeeded in disposing of the whole to good advantage. But the truth being discovered before he set sail, he was obliged to abscond by land, leaving the *Old Hulk* in possession of the inhabitants to indemnify them for the imposition. When he had thus taken French leave, he congratulated himself as much for being rid of the vessel as the pumpkins.

In one of his voyages to China, he manifested the same propensity to appropriate to himself the funds of others, at the expense of one of the insurance companies of Boston. While at Canton he purchased a quantity of tea, and managed to get it insured at Boston as his own cargo. He took, however, but a small part of it on board his own ship, despatching the rest by another. As soon as he left port, he held a consultation with his mate relative to the best coast on which to run the ship ashore. Nantucket was the place designated. And in due time the ship went ashore at Nantucket. "Now, mate," says he, "what shall I tell the underwriters? I'll tell you what I'll tell them; I will say to them that the mate was a fool, and the men would not obey me." In this way he succeeded in obtaining insurance not only on his own ship and cargo, but also on the tea which arrived safe in another vessel.

Another incident, illustrating his fertility in expedients, together with an unexpected acquaintance with facts, took place when at Sumatra, procuring a cargo of pepper. Being obliged to be on shore during the greater part of the day, purchasing the pepper as it was brought in small quantities, he directed his dinner to be sent to him. The Malays, to whom it was entrusted, abstracted more or less of it, leaving him, in general, but a short allowance. When he found it out, he advised his cook, when he next sent it on shore by them, to tell them it was "*Hog*." This precaution had the desired effect; the Malays, truer to their religious creed than to the principles of common honesty, obeyed the injunction of the

prophet, "Good Musselmen, abstain from pork," and brought him his dinner untouched.

He was often questioned during the day respecting facts, a knowledge of which he exhibited the night before, but was found to be totally ignorant of them. In a voyage to Liverpool he was embarrassed by a bar or bank at the mouth of the river Mersey; but on being asked the question next day, knew not that such an obstruction to the navigation existed.

If a shade rests on the moral character of his somnambulism, in regard to confounding the distinctions between *meum* and *tuum*, it should be mentioned, by way of palliation, that he was a thorough temperance man, and never allowed a drop of ardent spirits on board his ship. He was also very careful of his crew, not exposing them to danger unnecessarily, and frequently cautioning them, when aloft, to hold on, and not to venture too far.

His conduct was consistent in itself and true to the character which he imagined himself to be acting. He never purchased a vessel, or sailed in one, without disposing of her previous to taking charge of another. Sometimes he would cast her away, to defraud the underwriters, sometimes he would be shipwrecked accidentally; but if he escaped the dangers of the sea, he sold the vessel after performing a greater or less number of voyages in her, and then purchased another. The shorter voyages were generally performed in one night, the longer commonly occupied two. He seldom broke off conversation for the night abruptly. It seemed to terminate at that point, arrived at which, one would naturally suppose he would stop. On shore it was not until he had sold and discharged his cargo, and might be supposed to have leisure to rest. At sea, it was common for him to lay the ship to, in a gale of wind, under a close-reefed maintopsail, and say to those on deck, "now I believe I will go below and turn in," after which he was heard no more for the night. When he commenced talking on the next evening, he was sure to find the ship, whether at sea or in port, in the exact condition in which he left her. If, for instance, he left her lying to, he would find her still in the same situation, under the same sail, and in the same latitude and longitude. If the gale had abated, he would order the reefs to be shaken out, and other sails to be set, in order to resume the voyage.

There were frequent intermissions in his discourse, during which the same slight convulsive agitation was noticed that preceded conversation. When he recommenced, he seemed to have passed over a great extent of surface, a circumstance which will account, probably, for his accomplishing so much in so short a space of time. Perhaps at the commencement of one of these intervals, the ship was midway in the Atlantic ocean, making her way towards the American coast; at the close of it, she would be approaching soundings.

The state of his bodily feelings, insensible as he was to external impressions, appeared to influence the train of ideas passing through his mind. Towards the close of his somnambulism, his voyages grew shorter and were attended with more incidents of a painful nature. Hair-breadth

escapes, shipwrecks, accidents of various kinds, fierce encounters with pirates, were frequent occurrences. In several successive voyages his black cook turned white through terror. In one, in which he was shipwrecked, he alone effected his escape by swimming five or six miles. After several voyages to the East and West Indies, to South America, to the Mediterranean, to Liverpool, and France, sailing more in two months than most of our sea captains do in a long life, he closed his brief but eventful career with a short trip to Bermuda. On his homeward passage, off Cape Cod, his vessel was strained to such an extent that with difficulty he succeeded in reaching the port of Boston. Having discharged his cargo there, and not being able to get her repaired on the marine railway as cheap as he wished, he concluded to take her to Salem for that purpose. Unfortunately she was stranded on the Pig rocks, so called, at the entrance of that harbor. Himself and crew took to the boats, and he came home to Gloucester, affirming that he was sick of the sea, and would never wet his jacket with salt water again. From that time he has not been known to talk in his sleep. The other symptoms continued without essential variation until Feb. 2d, 1835.

Sleep-talking took place always in the evening, beginning between 7 and 8, and ending at about 11 o'clock. During the remainder of the night, his sleep was profound, and undisturbed, except by two or three epileptic paroxysms, which he was wont to have towards morning. His manner of waking was as peculiar as his going to sleep. *Many efforts were made by his friends, by secreting themselves in his room, at his usual time of waking, which was about the hour of breakfast, to observe his movements when he awoke. But they were unsuccessful. He seemed, as it were, conscious of their presence, and remained tranquil until they left the room. Scarcely had they passed through the door, when he would be heard rolling from the bed on the floor*.* He would then rise and dress, go down, and seat himself at the breakfast table as though nothing had happened. He was totally ignorant of what had taken place in the night, and at first could scarcely be made to believe it. Through the day, he appeared rather dull and dejected, complained at times of pain in the head, was emaciated, and presented the appearance of one laboring under chronic disease. There was great irritability of the stomach, and vomiting when he ate a full meal. Occasional hæmorrhages took place from the mouth or stomach, were more frequent towards the close of the disease, and seemed to alleviate it. There was also a discharge of matter, highly offensive, from his mouth, the origin of which was not ascertained. This occurred at an early period. At the same time the urinary secretion was very defective.

Hitherto, the facts, as above stated, are analogous to those which have been published in other cases of somnambulism, and will not need any other confirmation. Hypotheses are also afloat, enough to explain them

* Were it possible to ascertain beyond a doubt that the presence of persons in the room was the cause of his continued somnolence, at such times, no other fact would be needed to prove the essential principle of magnetization, viz. that an influence is radiated from one person to another in some mysterious manner, having a tendency to develop the phenomena of somnambulism. But I do not consider the evidence, though strong, sufficiently conclusive to warrant such an inference, and am unable to give data to enable others to estimate with accuracy its probability.

satisfactorily, without any speculations of mine. My object is, to present the phenomena as they occurred, which will be found, if I mistake not, as interesting, in number and variety, as any yet offered to the contemplation of the mental or medical philosopher.

Without stopping to inquire how far the disease had its origin in those causes which give rise to intermittent fever, the tendency to periodicity in all affections of the nervous system is too well known to need their agency in explaining the phenomena. The convulsive paroxysms, though in some instances anomalous and peculiar, need not detain us. The remaining facts can be accounted for on the supposition of increased sensorial power, or nervous energy, which was exhibited in the muscular system by the great command he had at times over the voluntary muscles; in the organs of the senses, by the increased sensibility to touch, sound, and, most conspicuously, to light, proved alike by his being dazzled by faintly illuminated objects, and seeing best through nearly opaque media; and, lastly, in his intellectual faculties, all of which seemed so active as to recal and render available to his present purpose, any idea, perception, or impression, that had at any former period been felt by his brain, bearing a relation to the train of ideas passing through his mind at the time, while his judgment, wit and capacity, were equally striking.

Lest it might appear incomprehensible to some how he could manifest so much acquaintance with maritime affairs, when he had scarcely been on board a ship, even in port, it should be mentioned that he had been in a coasting vessel, had listened to the narrations of seamen who had been on foreign voyages, and had in consequence heard much, which he could not recollect when awake, but which readily recurred to him when it bore relation to the train of ideas occupying his mind in the state of somnambulism. Indeed, several instances of this kind were traced. Among others might be mentioned his knowledge of the bar, below the harbor of Liverpool, as probably derived from hearing his father, who had been to Liverpool when young, speak of it. About the commencement of this affection he had frequent pugilistic encounters with a large Spanish negro, whom he described so exactly, that the captain of the vessel, on board of which he had been the season previous, recognized him as one of the crew of a brig, near which he lay at New York, and whom he had seen engaged at fisticuffs with an Irishman.

There is yet another fact, which was omitted to be stated in its proper connection, from an apprehension that it might have a tendency to throw discredit on the rest. I am induced to annex it here, from the consideration of the bearing it has on a science which has made no small stir in Europe, and a branch of which has lately emigrated to this country. Besides, no person has, in strict justice to the interests of science, a right, when he professes to give a history of a case of disease, to state those facts only which appear to him plausible, passing over others, resting on the same authority, especially when they are closely allied to facts already published and waiting confirmation. In the late work of Prichard on *Insanity*, where he treats of animal magnetism, towards the close, a number of cases are related, in which similar phenomena to that alluded to were witnessed.

The circumstance took place in the afternoon, in the presence of the young man's father and the captain of the vessel on board of which he had been employed the season previous. He had been lying on the floor, on his back, for more than half an hour, in a convulsive fit. On his return to consciousness, he observed that two vessels, one a hermaphrodite brig, the other a topsail schooner, were passing by a ledge of rocks in the vicinity, but so situated that a long range of buildings intervened between him and the objects designated. The persons present were incredulous at first; but on being persuaded to look out of the window opposite to the nearest visible point to the ledge, saw, after a reasonable time (occupied in passing by the intervening houses), the two vessels under the same sail, and in the same relative position to each other, which he had described, the brig being to windward.

In the minds of most persons, the easiest way of accounting for such an incident would be to disbelieve it altogether, and perhaps to consider the whole story but a second edition of that of the Cape Ann sea serpent. But those acquainted with the facts attending, and with the character of the individuals on whose authority the statement is made, will seek a different explanation. A careful examination of the room which he was in, as well as the position in which he was lying at the time, has led me to infer that the images of the vessels were reflected from a cloud visible to him through an opposite window, on which they were portrayed too feebly to be perceptible to ordinary vision, but distinct to an eye possessed of such intense sensibility to light as his evidenced at those periods. If this explanation is not adopted, we may suppose either that a long row of buildings is not perfectly opaque, or that light does not travel in straight lines, or, finally, refer it, along with other *unfinished business*, to animal magnetism.

INCISION OF THE ABDOMEN SUCCESSFULLY TREATED.

BY H. TUCK, M.D., BARNSTABLE, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

ON Wednesday, August 25th, 1836, a healthy boy, six years of age, received a wound in his abdomen from a scythe with which another boy was mowing. The point of the instrument entered the abdomen upon the left side, a little below, and three inches from, the umbilicus, and passed in four inches, as indicated by the blood upon the scythe, making a wound two inches in length, through which a greater part of his intestines passed. The accident occurred at six, P. M., and two hours afterwards I found him lying on a bed covered with blood, rolling from one side to the other, and his intestines trailing after him. The countenance pallid; vomiting occasionally; surface cold; pulse frequent, and scarcely perceptible at the wrist. The patient being laid on a table, and coagula of blood being removed from folds of the intestines, and pressed out of the cavity of the abdomen through the wound, an attempt was made to return the bowels into the abdominal cavity. But on account of the large volume of flatus and fæces which were in the intestines,

they could not be replaced without dilating the wound, which was done in an outward direction with a director and probe-pointed bistoury. The wound now being about two and a half inches in length, the bowels were readily returned. The patient was now senseless: no pulse at the wrist; body cold, and covered with perspiration; countenance livid, and the respirations slow—apparently dying.

Warm water and spirit, in the absence of all other stimulants, was given him to drink freely. Bottles of hot water were applied to the trunk and extremities. He soon revived, and the pulse and warmth of body returned. He could now speak, and drank a little gruel. After waiting an hour, the edges of the wound were brought in apposition and kept so by two interrupted sutures, which included the integuments and muscles, and adhesive straps. Scraped lint and several compresses were applied over the straps, and a wide roller passed around the body, which was kept in its place by two straps passed over the shoulders and two others between the legs. After the wound was dressed he was inclined to go to sleep. Being troubled occasionally with attempts to vomit, he was ordered a powder containing a third of a grain of opium and five grains of soda, and sinapisms to epigastrium, to be repeated and continued as long as they could be tolerated, together with balm tea for drink.

Thursday, 26th. Slept quietly most of night; vomited occasionally—now reposing and looking comfortable; little or no febrile action; asks for food. He was ordered an enema of molasses and water night and morning, flour gruel and balm tea.

Friday, 27th. Copious dejections after enemata of yesterday; rested well through day and night; no febrile action nor pain; calls for solid food urgently. Dressings were removed from the wound; the edges united by adhesion; stitches allowed to remain another day.

Saturday, 28th. Looks and reports quite well; calls for solid food irresistible; may have a little tea and cracker. The stitches were now removed, and the edges of the wound found completely and firmly united, and the abdomen natural in appearance. Injections of senna tea, sulphate magnesia and castor oil are now given twice a day, which produce sufficient alvine evacuations. Adhesive straps, compresses and bandage are still continued.

After this time convalescence continued till he was quite well. On the fifth, sixth, and seventh days after the occurrence of the accident, he was sitting up and walking about his room, and on the eighth day he walked abroad in the open air. In a few days he joined in the sports of the other children, and was quite well.

About eight months after the accident the patient was seen again, when a little tumefaction was noticed under the cicatrix of the wound, which was slightly increased by coughing. The parietes of the abdomen seemed to be thinner and rather more yielding here than in any other place. The mother reports that the swelling lessens from one month to another, and is not increased so much as formerly, when he coughs or cries. Compresses and bandages had not been omitted. They were recommended to be continued a year or more.

May 27, 1837.

MEDICAL BOTANY.

[Communicated for the Boston Medical and Surgical Journal.]

NO. VII.—TRILLIUM. AMERICAN HERB PARIS.

SEX. SYST.—Class hexandria ; order trigynia. *Generic Characteristics.*—*Calyx* three leaved ; *corolla* three petalled ; *stigmas* sessile ; *pericarp* a berry, three celled, many seeded.

Seven species of the *Trillium* are found in the eastern and middle States.

Specif. Descrip.—*Trillium Erectum*. Peduncle nearly erect, three inches long ; flower nodding ; petals ovate, acuminate, flat, spreading, more than equalling the calyx ; leaves three, verticillate, broad-rhomboidal, acuminate, sessile. This is a fine-looking vernal flower, growing luxuriant, in a rich soil, in shady and rocky places. Root perennial ; stem solitary, a foot high ; flowers in May. There are two varieties : *atropurpureum*, flowers large, dark purple ; and *album*, flowers smaller, white.

The various species and varieties of *Trillium* are known in the country by the names, *fox-blow*, *beth*, *bath* and *birth root*, *Benjamin root*, &c. They have long been known in domestic practice, and are probably deserving of some attention by medical men.

The root is the part used. It is of a pungent, acrimonious taste, and is esteemed a valuable remedy in hæmorrhage unattended with pyrexia. It is said to be "one of the mildest, yet most efficient remedies for hæmoptysis." It is an article of considerable power, and, in the hands of physicians, would, doubtless, often prove a valuable remedial agent. It is probably astringent, tonic, antiseptic, and perhaps, in certain cases, alterative. I have known it used in epistaxis and hæmoptysis with good success. Some recommend it in form of poultice, as an antiseptic, for inflamed ulcers and carbuncles. Probably, too, it would be a valuable remedy in chancre. It is at least worth transferring to hedges as an ornament, and merits a trial in disease by physicians. The species above described, variety *album*, is esteemed by some as the most efficient, but the Shakers preserve the variety *atropurpureum*. Dose of the root in powder, grs. x. to xxx.

S. A. T.

Cambridge, May 24, 1837.

Erratum.—In Medical Botany No. 6, line 5, for *Chelone Glabea*, read *Chelone Glabra*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 14, 1837.

MASSACHUSETTS MEDICAL SOCIETY.

THE late anniversary meeting of this association, though not as numerously attended as in some former years, was nevertheless extremely interesting to the members. George Hayward, M.D., Prof. of the Prin-

ciples of Surgery in Harvard University, read a discourse on diseases of the knee-joint. Unfortunately, for ourselves particularly, we heard only the closing remarks, and, therefore, not having a reporter present, could give but a beggarly account of the performance, were we to attempt it. We can assure our readers, however, from the testimony of very many, that Dr. Hayward answered the expectations of the Society. The dinner was served at Faneuil Hall, as usual. The following gentlemen were elected officers for the ensuing year, viz. :

George C. Shattuck, M.D., *President*—Nathaniel Miller, M.D., *Vice President*—Enoch Hale, M.D., *Corresponding Secretary*—John Homans, M.D., *Recording Secretary*—Walter Channing, M.D., *Treasurer*—David Osgood, M.D., *Librarian*.

COUNSELLORS.—First Department.—See last week's Journal.

Second Department.—Joseph Kittredge, Jeremiah Spofford, Abel L. Peirson, Andrew Nichols, Edward L. Coffin, Samuel Johnson, Richard S. Spofford, Calvin Briggs, Dean Robinson, Jonathan C. Johnson, Edward A. Holyoke, Wyatt C. Boyden, Rufus Longley.

Third Department.—Thomas Bucklin, John Walton, Abraham R. Thompson, Timothy Wellington, Zadoc Howe, William J. Walker, John C. Dalton, Josiah Bartlett, Daniel Swan, John O. Green, Joshua Green, Elisha Bartlett, — Hooker.

Fourth Department.—Stephen Batchelder, John Green, Edward Flint, Benj. F. Heywood, Charles W. Wilder, Amos Parker, George Willard, John Starkweather, J. G. Metcalf.

Fifth Department.—Joseph H. Flint, Alpheus F. Stone, Stephen W. Williams, Eli Hall, Elisha Mather, Bela B. Jones, David Bemis.

Sixth Department.—Henry H. Childs, William H. Tyler, Asa G. Welch, Royal Fowler, Robert Worthington, Alfred Perry, Hubbard Bartlett.

Seventh Department.—Nathaniel Miller, John Bartlett, Samuel Bugbee, Robert Thaxter, Jeremy Stimson, Rufus Wyman, Ebenezer Alden, Noah Fyefield.

Eighth Department.—Hector Orr, Nathan Hayward, Ezekiel Thaxter, Paul L. Nichols, Noah Whitman, William Gordon.

Ninth Department.—Alexander Reed, William C. Whittredge, Andrew Mackie, Caleb Swan, Menzies R. Randall, William A. Gordon.

Tenth Department.—Joseph Sampson, Aaron Cornish, Paul Swift, Henry Tuck.

CENSORS for the *First Medical District*, and for the Society at large.—William J. Walker, Abel L. Peirson, John Ware, Edward Reynolds, Jr., Woodbridge Strong.

Second Medical District.—John Green, Benjamin F. Heywood, Charles W. Wilder, Benjamin Pond, William Workman.

Third Medical District.—Stephen W. Williams, Elisha Mather, Atherton Clark, Bela B. Jones, David Bemis.

Fourth Medical District.—Henry H. Childs, William H. Tyler, Alfred Perry, Asa G. Welch, Charles Worthington.

Committee on Publications.—Enoch Hale, John Ware, Solomon D. Townsend.

Committee on Resignations.—Walter Channing, Zabdiel B. Adams, John Jeffries.

Ebenezer Alden, of Randolph, was elected to deliver the next Annual Discourse.

JOHN HOMANS, Rec'g Sec'y.

NEW JERSEY MEDICAL SOCIETY.

THE 71st Annual Meeting of the Medical Society of New Jersey was held at New Brunswick, May 9th, 1837.

The President, Dr. Van Derveer, called the Society to order, and read a dissertation on the subject of fever.

The Annual Report of the Standing Committee was presented, and also the form of a diploma for the honorary degree of M.D., which was accepted.

Besides the ordinary business of the Society, Dr. Taylor, chairman of the committee appointed at a previous meeting, presented a report relative to alterations of the By-Laws, which report was ordered to be filed and the further consideration of it postponed to the next annual meeting.

The following are the alterations proposed in the report, viz. :

1st. Instead of a separate Board of Censors for each of the Districts, as now constituted, three Censors are to be appointed from each District, who, when so appointed, shall constitute one Board, to meet semi-annually in April and October. The necessary expenses and two dollars per diem, to be accorded to each Censor.

2d. In order to secure the more punctual attendance of delegates at the stated and special meetings of the Society, it is proposed that no dividend of its funds be allowed to any District Society unless represented by at least three of its members.

3d. To increase the fee for the degree of M.D. to \$20.

4th. That the place of holding the semi-annual meeting be determined at each annual meeting, by a majority of the members present.

Dr. Samuel Hays was recommended by the standing committee for the honorary degree of M.D.

The following gentlemen were elected officers for the ensuing year.— Drs. Lyndon A. Smith (Newark), *President* ; B. H. Stratton, 1st *Vice President* ; J. G. Goble, 2d do. ; Wm. P. Clarke, 3d do. ; Samuel H. Pennington (Newark), *Cor. Sec'y* ; Wm. Pierson, Jr. (Orange), *Rec. Sec'y* ; Jer. S. English, *Treasurer* ; Geo. M. McLean, Wm. Forman, Fred. S. Schenck, *Standing Committee*.

License to practise physic and surgery has been granted to the following gentlemen the past year. David D. Meeker, Dayton Decker, Lyman Mark Crane, Abram Coles, Ebenezer Woodruff, Wm. Shipman, Augustus O'Hea, John F. Ward, John N. Woodhull, Isaac S. Haines, George Barrow.

Society adjourned to hold its semi-annual meeting at Hollingshead, Trenton.

Sickness among Children.—We understand that a disease, partaking of the character of influenza and lung fever, is very prevalent among children in Cambridge and other towns in the vicinity of Boston. On account of its peculiar symptoms, the name *grippe* has been given to it by some. Any further particulars from those who have witnessed cases of the disease, would be interesting to the profession.

University of Maryland.—Dr. N. R. Smith, who has filled the chair of surgery many years, for some reason, which has not been explained, has withdrawn from the institution. It is announced, however, that Dr. Smith

will continue to reside in Baltimore, and practise surgery, as heretofore. Very few operators have been more successful than this gentleman, who, besides the highest order of professional attainments, possesses those qualities of the heart which are always appreciated. He is a son of the late Prof. Nathan Smith, of Dartmouth College, and in after life of Yale College Medical School, at New Haven.

The Southern Medical and Surgical Journal, published in Augusta, Geo., and edited by Drs. Milton Antony and Joseph A. Eve, is hereafter to be conducted by the former gentleman alone. Dr. A. appeals to the members of the profession at the South for a more liberal patronage than has heretofore been given to the work, it not having been sufficient, during the past year, to pay the expenses of printing. If some of the contributors to that work (not in Augusta) neglect to pay their subscription for it with as little compunction as they have done that for the Boston Medical Journal, we can well understand the cause of Dr. Antony's complaint. We trust, however, there will be found paying subscribers enough among the liberal members of the profession in that part of our country, to insure the continuance of the Southern Journal, which is a very useful periodical.

Stuttering occasioned by worms.—A boy, aged five years, who hitherto could distinctly pronounce even the most difficult words, and readily communicate his thoughts, all at once began to stutter. As no organic defect could be perceived, Dr. Schultze thought that the impediment might be occasioned by worms, as he had often noticed an entire loss of speech, lasting many days, to depend upon this cause. He therefore ordered an electuary composed of jalap. semin. cinæ, tanacet., and magnes. sulph. with syr. mannæ, to be given. By this medicine, a large quantity of the ascarides lumbricoides were voided, and the boy was again restored to the free use of his speech.—*Med. Zeitung*, 6 Jan. 1836.

Medical Miscellany.—A lad by the name of Bartalo is exhibited at New York, on account of the size of his head, which measures 33 inches in circumference, yet he is but 39 inches tall. He is in good health, and the cranium well formed.—The skull of Le Blanc, the murderer of Judge Sayre and family, is a remarkable instrument in the hands of the phrenologists, for sustaining the science to which they are devoted.—A board of naval surgeons will assemble at Philadelphia the first Monday in July, for the examination of assistant surgeons. W. P. C. Barton is president of the Board.—The late Dr. Bushe, of New York, first came to this country to take the anatomical department of Rutgers Medical College, now converted into a hotel.—Eleven students were graduated on the first of May, by the Philadelphia College of Pharmacy. Daniel B. Smith, president of the institution, gave an address on the occasion.—Mr. Phelps, surgical instrument manufacturer, at the corner of Court street and Cornhill, deserves the encouragement of the profession.—Dr. Dunglison's *Intelligencer* is a valuable production. We hope, most sincerely, that the patronage is equal to his diligence.—A part of a back building connected with the main edifice of the Eye and Ear Infirmary, in this city, was materially injured by fire, a short time since—the probable work of an incendiary.—Late advices from the Mediterranean, make reference to the great destruction of human life by the plague, which still rages in many parts of Turkey.

TO CORRESPONDENTS.—Will the author of an article on *Masturbation*, permit us to affix his name to it? This seems to be necessary, first, because the doctrine inculcated is so much at variance with the received notions of the profession on that subject; and, secondly, if the theory is really a correct one, the writer should be known, as very many will have a desire to open a correspondence with him.—The writer of a paper entitled “A dream,” will accept our thanks for his attentions, although we are compelled to say its publication is declined.—Dr. Tompkins’s case of Stone in the Bladder, and Dr. Goulding’s remarks, are added to the list of accepted communications.

DIED.—At Middletown, Ct., Dr. Stephen Rainey, aged 83, an officer of the revolutionary army.—At Pensacola, Dr. George Nicholas Rose, of Ambert Co., Va.

Whole number of deaths in Boston, for the week ending June 10, 25. Males, 16—Females, 9.
Consumption, 2—infantile, 1—dropsy in the head, 1—gastritis, 1—old age, 3—chronic diarrhoea, 1—disease of the heart, 1—phthisis pulmonalis, 2—lung fever, 1—dyspepsia, 1—erysipelas, 1—hydrocephalus, 1—typhus fever, 1—inflammation of the lungs, 1—apoplexy, 2—stillborn, 3.

NEW MEDICAL BOOKS.

WILLIAM D. TICKNOR, *Medical Bookseller*, corner of Washington and School streets, has just received, *Surgical Observations on Tumors*, with Cases and Operations; illustrated with many colored engravings. By John C. Warren, M.D. Price \$4.50.

A Treatise on the Malformations, Injuries and Diseases of the Rectum and Anus; illustrated with plates. By George Bushe, M.D. Price \$3.25.

Also as above, may be found, a very complete assortment of Medical Books, which will be sold on the most reasonable terms.

June 14.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL’S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing “dragging and bearing down” sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; **DAVID KIMBALL**, Portsmouth, N. H.; **JOSHUA DURGIN**, Portland, Me.; **JOSEPH BALCH, JR.**, Providence, R. I.; **ELISHA EDWARDS**, Springfield, Mass.; **N. S. WORDEN**, Bridgeport, Conn. May 10—6m

MEDICAL LECTURES:

THE Medical Lectures at Dartmouth College will commence on *Thursday*, the third day of next August, and continue *fourteen* weeks.

Anatomy, Surgery, and Obstetrics, by	- - - - -	R. D. MUSSEY, M.D.
Physiology, Mat. Med. and Legal Med., by	- - - - -	D. OLIVER, M.D.
Theory and Practice of Physic, by	- - - - -	J. DELAMATER, M.D.
Chemistry and Pharmacy, by	- - - - -	O. P. HUBBARD, M.D.

Fee for the course, \$50. Matriculating fee, \$2.

Hanover, N. H., May 26, 1837.

J—73w

THEODORE METCALF—APOTHECARY,

NO. 33 Tremont street, ten doors north of the Tremont House, devotes his chief attention to compounding prescriptions; and assures physicians that, in his establishment, no persons will be entrusted with this duty, except those of skill and experience, and no articles used but those of the best quality.

T. M. keeps no *quack medicines*, but chooses to rely for support upon regular practitioners and their patients. He is permitted to refer to Drs. Jackson and Reynolds.

May 24.

3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, JUNE 21, 1837.

[NO. 20.]

A CASE OF STONE IN THE BLADDER SUCCESSFULLY TREATED BY LITHOTRIPSY,

BY J. RANDOLPH, M.D., LECT. ON SURGERY, ONE OF THE SURGEONS TO THE PENN.
HOSPITAL AND THE PHILADELPHIA BLOCKLEY HOSPITAL, ETC.

[Reported for the Boston Medical and Surgical Journal by the patient.]

I HAVE had paraplegia since July, 1832. About the middle of that month I felt a numbness of the left heel, with a partial loss of power over the bladder. This numbness, which was first felt in my heel, soon extended as far up as the knee. I became clumsy and staggering in my walk, lost the power of expelling as well as retaining my feces, and was obliged to use a catheter. I however continued to hobble about until September, when all motion and nearly all sensation was lost below the lower part of the sternum. In June, 1833, I could retain my urine six or eight hours; soon after I had a disposition to pass it oftener; if I did not introduce a catheter once in three or four hours, some of it would escape involuntarily. In the summer and autumn of 1834, I had to use a catheter four or five times in a night, and had pain in passing my water. It was about this time that I first observed my urine to be mixed with blood, after riding in a carriage.

The first severe attack that I suffered was about the first of January, 1835. I then had inflammation and tenderness of the bladder and urethra, with great pain, strangury, and hæmorrhage from the bladder, accompanied with a good deal of sympathetic fever. Since then, the bladder has never been as well; urine has been constantly morbid, containing large quantities of purulent mucus and blood, with repeated attacks of inflammation of the bladder and strangury. For the last two years I have been obliged to pass my water very often, seldom retaining it more than an hour, and a good deal of the time not more than half an hour, it frequently passing involuntarily, especially at night. It was not till the latter part of the summer of 1836, that I discovered, by sounding, a stone, though I had suspected it for a year previous. I pretty soon made up my mind to submit to *Lithotripsy*, and wrote to Dr. J. Randolph, of Philadelphia, for his opinion.

On the 12th of December I arrived in Philadelphia. On the 13th Dr. Randolph saw me, and ascertained, by the use of the sound, that I had a large stone. He gave me a permit to enter the Pennsylvania Hospital, and I entered the same day.

On the 15th Dr. Randolph again used the sound, and then introduced the *brise-pierre-articulè* of M. Jacobson, not with an intention of breaking the stone, but to ascertain if the instrument would pass. It passed without inconvenience. After waiting a short time for the spasm of the bladder to subside, he opened the instrument (here he met with some difficulty, for the bladder contracted powerfully), ascertained that it would embrace the stone, and then withdrew it. The introduction of the instrument gave me some pain, though not severe, after which I passed out some small fragments of calculous matter, sufficient to show that the stone was soft and composed principally of phosphate of lime.

Dec. 21st. Dr. Randolph, in the presence of a number of medical gentlemen and the medical class, introduced M. Jacobson's instrument and caught the stone twice and broke it. The operation occupied about five minutes; suffering at the time was not great. About two hours after the operation, I had a chill, accompanied with great thirst, nausea and vomiting, which lasted three or four hours. It then passed off by perspiration, and I had a pretty good night. 22d, in the morning, had another slight chill, with nausea, vomiting, headache, and thirst. Kept in bed most of the day. On the 23d was nearly recovered. On the 21st, 22d, and 23d, passed out sand, gravel, and fragments of stone. Dec. 25th Dr. Randolph sounded me, and found the stone broken and much altered.

Dec. 28th. Dr. R., in the presence of the medical class, introduced Jacobson's instrument, caught two pieces and crushed them. The time occupied and pain were about as before. Soon after the operation, I took my dinner as usual. I had no chill, and but very little constitutional irritation. On the 28th, 29th, and 30th, passed fragments of stone.

Jan. 2, 1837. Dr. Randolph again introduced the instrument. After some little time, perhaps two or three minutes, he succeeded in catching the stone fairly and broke it. He then caught another small piece, and withdrew some of it with the instrument. This operation was prolonged more than any previous one, and there was a little more pain. Some increased irritation of the bladder, urethra and rectum, followed this operation. I also had sympathetic fever for two or three days. On the 4th a large fragment passed. It stuck at the orifice of the urethra, and was pulled out with a probe. Another large piece passed on the 8th.

Jan. 11th. Dr. Randolph, in the presence of the medical class, again introduced the instrument. He did not succeed in catching the stone with that instrument, and withdrew it and took one longer and more curved, with which he caught three pieces high up in the fundus of the bladder. The bladder contracted powerfully upon the instrument, as usual, producing some pain. But little constitutional irritation followed this operation, and very few fragments were passed.

Jan. 16th. Dr. R. caught and broke two pieces; after which I passed a good deal of stone, some in large pieces, two of which stuck some time in the urethra. Urine continued morbid, though retained much longer than it was before the stone was broken.

Jan. 26th. Dr. R. introduced the instrument and caught, without any trouble, four fragments. It produced some pain and a considerable hæmorrhage from the bladder, followed by a severe chill. Much more of the stone passed after this operation, than at any previous one.

In the evening of the 29th, a large fragment lodged in the urethra. After making an unsuccessful attempt to extract it, assisted by Dr. McCrea, House Surgeon to the Pennsylvania Hospital, which produced pain, hæmorrhage, and increased irritation of the urethra, a violent chill followed, attended with very laborious breathing, from the effects of which I did not recover in less than four or five days.

Feb. 12th. Dr. R. caught and crushed two pieces. It occupied two or three minutes, and gave me but little pain. I passed, for two or three days, sand, gravel, and fragments of stone. On the 16th Dr. R. introduced the sound. He found but little stone, or but a few small pieces, remaining. On the 17th a fragment lodged in the urethra which I could not extract, and I pushed it back into the bladder, which had been done once or twice before.

Feb. 18th. Dr. R. caught two or three fragments and crushed them. I passed, for two or three days after, a few small fragments. Did not suffer much from the operation.

Feb. 23d. A fragment of stone lodged in the urethra, which Dr. Randolph attempted to extract, but could not. He then introduced M. Jacobson's instrument and broke two pieces. A severe chill followed, the effects of which lasted two or three days, during which time I passed some quite small fragments.

Feb. 27th. Dr. R. introduced the sound and felt two pieces. 28th. He introduced the instrument and crushed two fragments, both small, after which I passed out some fragments, and was troubled with others sticking in the urethra, which I pushed back into the bladder; they would not pass, in consequence of the urethra having been wounded and made very rough by attempting to extract some large fragments.

March 5th. Dr. R. introduced the sound and found one or two pieces. He then introduced the instrument and broke them. Some soreness and swelling of the neck of the bladder and urethra followed this operation. 6th. Some pain in passing my water, urine turbid, no fragments passed, can feel some remaining. 7th. Urine still unhealthy, and pain in passing it; one small piece passed out at evening.

March 9th. Dr. R. introduced the sound, and felt one or two small pieces; none, he thought, so large as many I had passed. He however introduced the instrument, and caught a small piece and broke it. It gave me considerable pain at the time, and was followed by profuse hæmorrhage and suppression of urine, also by inflammation and swelling of the testes, one of which had been enlarged and painful for nearly two years. The coagulated blood blocking up the urethra, the bladder soon became greatly distended and very painful; it was fifteen or sixteen hours before I got much relief. This was the last time the instrument was introduced. I continued to pass occasionally some quite small pieces, and to be troubled with others sticking in the urethra, which was very sore and rough, until the 12th of April, when Dr. Randolph intro-

duced the sound and felt one very small piece. On the 13th this fragment stuck in the urethra. I attempted to pull it out and used a good deal of force. The urethra being rough and contracted, I imbedded it in the corpus spongiosum. On the 16th Dr. Randolph had recourse to the sound, and could detect no stone in the bladder. The fragment in the corpus spongiosum remained until about the first of May, when it ulcerated externally, and came out, since which I have been entirely free from stone.

Remarks.—I think this case goes very far to establish the practicability of *Lithotripsy*. In the first place I had a very large stone, with a good deal of disease of the bladder, prostate gland, and a tendency to hæmorrhage, with some ulceration at the neck of the bladder, where the stone was lodged. The stone was contained in a pouch at the prostatic portion of the bladder, the bladder contracting behind, and forming a sort of hourglass contraction. Besides, I had a partial paralysis of the bladder. This was the only objection Dr. Randolph saw to the success of the operation when I wrote to him; he was a little fearful that I had not sufficient power over the bladder to expel the fragments; but they were expelled very readily, till, by imprudently attempting to extract some large pieces, I wounded the urethra, producing stricture for a time, which prevented any large fragments from passing out; otherwise I should have been cured much sooner. From the loss of power over the muscles concerned in evacuating the bladder, I apprehend that had I submitted to lithotomy, instead of lithotripsy, I must have been left with incontinence of urine. Whereas I can now retain my urine four or five hours without inconvenience.

I cannot close these remarks without acknowledging the obligations which I feel to Dr. Randolph for the lively interest he manifested towards me during my stay at the Pennsylvania Hospital. By his skill I have been freed from a very painful and troublesome disease. Great praise is also due him for the very careful as well as skilful manner in which he uses so powerful an instrument as the *brise-pierre-articulé* of M. Jacobson.

SILAS TOMPKINS, M.D.

New Bedford, May 30, 1837.

[The preceding interesting and valuable case was accompanied by a box containing fragments of calculi, some of them of considerable size. They are deposited for the present in the Cabinet of the Boston Society for Medical Improvement, where gentlemen may have an opportunity of examining them.]

MEDICAL CONTRIBUTIONS.—LEUCORRŒA AND MENORRHAGIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In some observations upon the subject of Medical Contributions, in a former volume of your Journal, you invited the members of the profession to contribute, each his mite, towards the general stock of medical knowledge; and hinted that such communications might con-

veniently be made in the letter which conveyed our annual subscription fee. Deeming this suggestion an excellent one, I shall for the future hold myself bound, as I think each of your subscribers should do, to comply with it. Communications thus made, should they fail to interest the profession generally, will at least contain something valuable to yourself. I cannot resist the belief, however, that every physician in active practice has it in his power to contribute some useful hint; something not generally known, or sufficiently adverted to, and of practical importance to others as well as himself. Our reading, and our professional intercourse, constantly afford hints and suggestions, the value of which we test in practice as opportunities offer; and it is scarcely possible that an observing physician, in the course of a life devoted to his profession, can fail of making some useful discoveries of his own, or at least some valuable observations upon the discoveries of others. And after having, by long and patient observation, established the utility of some particular mode of treatment, or favorite prescription, what better can he do than to give his experience to the world? Should all the valuable but isolated facts that human experience has thus established, instead of being suffered to perish with their first observer, be thrown into common stock by publication, it is difficult to conceive the amount of benefit that would thus ultimately be secured to society. A peculiar combination of circumstances may throw in the way of an individual, some method of combating a disease far better than that in general use. New and valuable remedies may thus be elicited, or the use of old ones extended to novel and important purposes. And as we are far more in want of practical facts than of elaborate essays, the limits of a single sheet will be amply sufficient to convey many useful hints. I do not indeed presume on being able to do much myself in this way, but the attempt perhaps may serve as an inducement to others more observing and more competent; and some good can scarcely fail of being the ultimate result. At this time I shall attempt nothing except in the way of reminiscence, taking *menorrhagia* and *leucorrhœa* for the subject.

Formerly these complaints gave me much trouble; leucorrhœa, more especially, frequently baffling all my attempts to remove it. For several years past, however, I have so often seen both of these complaints yield to the same prescription, that I think it cannot be amiss to remind those of the faculty who have not already availed themselves of the same remedy, of its great utility. The basis of this prescription, recommended by both Dewees and Eberle, consists of ten grains of nitrate of potassa and five of alum at a dose; to which, for some time, I have been accustomed to add a grain and a half of kino. It is given three times a day, dissolved in a suitable quantity of water. The addition of the kino I was first induced to make in a case in which the other two materials did not seem to produce their accustomed effect; the prescription, with that addition, proving afterwards completely successful. And I can now truly say that for several years I have not met with a single case of menorrhagia or leucorrhœa that has not yielded promptly to this remedy. As these two diseases usually alternate with each other, there is probably very little difference in their nature, the latter being com-

monly the mere sequel of the former, the serous discharge escaping after the vessels have so far contracted as no longer to give passage to red blood. It is not strange, therefore, that the same remedy should be found to possess an equal control over them both.

But it is not only in ordinary cases of these diseases that this remedy has been found successful. I have prescribed it with equal advantage in a case of leucorrhœa accompanying gestation. Recently, too, I have met with two cases of this colorless discharge in one family, both under the age of puberty, which have yielded promptly to this remedy.

In December last I was consulted by a lady of fifty, of large frame, and robust constitution, whose case proved the most aggravated I have ever met with. She had always menstruated profusely and flooded much in child-bearing; but at this time an overwhelming hæmorrhage, recurring once in two or three weeks, alternated with a serous discharge so profuse that the patient believed more than a pint a day generally escaped her, and sometimes, after a few hours retention, that quantity was discharged at a gush. So great had become the morbid determination of fluids to the pelvic region, that a serous discharge took place several times a day from the rectum; while the sufferer was constantly harassed with a sense of weight, distention and bearing down, and often with great pain. Considerable fulness existed in the lower part of the abdomen; she became alarmingly prostrate; her skin leaden colored, and her countenance expressive of great suffering and of imminent danger. I became fearful of carcinoma, and proposed an examination per vaginam. While she was hesitating at this proposal, the above prescription was ordered, not, however, with much confidence, from an apprehension that its powers would be found quite too feeble to cope with so formidable a disease. In this, however, I was agreeably disappointed. In a few weeks these profuse discharges were reduced within the limits of moderation and safety; the leucorrhœa in two months ceasing altogether. With a view of more speedily suppressing the diarrhœa, pills of acetate of lead with opium were given for a short time, and with success in that particular; but as they disagreed with the patient's feelings, they were soon given up. To the other prescription, from a strong conviction of its utility, she adhered with full confidence until restored to perfect health.

It is proper here to remark that the morbid current which had been so long determined to the pelvic region, continued still to flow that way, after its outlet had become obstructed; causing at first such a sudden and violent distention of the uterus, as to produce intense pain and soreness, and requiring the loss of a considerable quantity of blood from the arm, with frequent fomentations, to relieve it. Before the recurrence of the next menstrual period, however, the equilibrium of the circulation had been so far restored that no further difficulty arose, and the patient is at length restored to firm health.

It is difficult for me to believe that success so uniform can have been accidental; and although others may not be equally fortunate with myself in prescribing this formula, yet I think that, upon a thorough trial, it

will be found to possess a greater control over morbid uterine discharges than any other means now in use.

THOMAS CLOSE.

Sawpit, N. Y., May, 1837.

PUERPERAL CONVULSIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The subjoined case of puerperal convulsions, communicated for the Journal, is submitted to your pleasure. As it is by a full and general record of cases, attended with various success, that we are enabled to decide upon a correct remediate course, perhaps the following may not be destitute of its quota of influence, among the aggregate, in coming to that decision.

On the 12th inst. I was called in consultation to Mrs. R., aged 24 years, a woman of general health, but rather peculiar habit, who was "in a fit." Arrived about two hours subsequent to attack. Patient, for two days previous, had complained of severe headache, and on the present morning experienced it more severely than ever. She was nearly five months advanced in pregnancy. The physician present stated that he arrived soon after the seizure; found her insensible, with a preternaturally full and frequent pulse; took from the arm about six or eight ounces of blood (as much as would flow from the orifice) without any abatement of pulse or symptoms; was preparing for a warm bath when I arrived. I found her in a comatose state, with labored breathing, foam issuing at the mouth, and a sputtering of the lips at each expiration, but no stertor; pulse above 100, and full; pupils of natural size, and equal. Immediately abstracted about 20 ounces of blood from the arm, which flowed freely; exhibited 1 gr. s. morphine; warm bath was dispensed with, as she then was. The paroxysms, most melancholy and appalling to behold, which before occurred every four or five minutes, and continued about one and a half, were now delayed to ten or fifteen, though diminished but immaterially in violence and duration. At the subsidence of each, the livid hue of the countenance, neck, and tongue, by degrees disappeared; the pupils, which were widely dilated, but with no disparity at any time, gradually contracted, as the sensibility of the retina returned, indicating a temporary turgescence of the vessels of the brain. In the interim, she had the power of voluntary motion, but did not recover to consciousness before she was convulsed again.

The dose of morph. was about being repeated, when a third physician came. Half an hour after it was administered, there being no amelioration of symptoms, in conference it was unitedly agreed upon to induce labor forthwith, and accomplish delivery if practicable. On examination, I found the vagina fitly prepared for labor, with the membranes protruding, like a tense sac, two inches or more, from the contracted neck of the womb. After the waters were discharged, only one finger could be introduced, and that with difficulty, through the os tincæ, which was rigidly firm. At each paroxysm the patient failed visibly.

The contractions of the uterus appeared to be purely spasmodic, with no natural parturient effort. After persevering a reasonable time in my attempts to dilate the womb mechanically, I desisted, as from a thing impossible. Before long, a fourth physician, who had been previously summoned, arrived, and made fruitless efforts to overcome the difficulty. While manipulating, a paroxysm had passed—she delayed breathing—every measure was instituted to resuscitate her, but in vain. She survived the attack but about five hours and a half.

Remarks.—Although cases of puerperal convulsions are rare, yet those at the above early stage of gestation are still more so, and doubly perplexing. There can be no doubt, in my own mind, that a venesection of ten or twelve ounces, twenty-four hours previous, or even later, would have averted these fatal consequences; but having been bled about a year since, while near the same period of pregnancy, and suffering an abortion, which placed her in imminent peril, she was invincibly opposed to it at this time, for fear the same, or worse, consequences might result.

ALBERT BARTLETT, M.D.

Claremont, N. H., May 20, 1837.

DEATH PROBABLY CAUSED BY QUACKERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the following simple narrative of facts is of sufficient interest for an insertion in your Journal, it is at your service for that purpose.

Mehitable Davenport, a tailorress, aged 32, the mother of one child, was on Thursday, the 20th of April, 1837, taken somewhat unwell; not so much so, however, as to prevent her from visiting a sister in the neighborhood, and spending the afternoon in her company. On Friday, the 21st, she worked at her trade and nearly completed the making of a vest. In the evening she was induced to take a dose of Thomsonian medicine. This kept her sick at the stomach and vomiting most of the night. In the morning of the 22d, feeling no better, she sent to Salem for a Thomsonian or Botanical Doctor, who came and administered a portion of the lobelia inflata. This increased the nausea and vomiting, which continued, with prostration of strength and faintness, until nearly sunset, when her friends, becoming alarmed at her situation, sent for the Thomsonian again. He came and remained with her until nearly 10 o'clock, and then left her, as he represented, and as her friends supposed, "doing well." At a little past 11 o'clock, she expired.

Examination, fourteen hours after Death.—Body not emaciated—muscular system well developed and healthy. *Thorax*—adhesions of both lungs at the apex. At this part, and at the root of the lungs, were found numerous calcareous bodies of the size of a bean; more abundant in the left lung. The lungs otherwise healthy; the heart and its appendages perfectly so. *Abdomen*—stomach enormously distended, containing a quart of greenish-brown fluid. *Mucous membrane highly injected and somewhat softened*, giving strips of not more than a quarter

of an inch. Small and large intestines empty; mucous membrane of the upper part of small intestines rather softened and thickened. Color a light pink. In the ilium an ulcerated spot, of the size of a split pea. The liver, and all the other organs of the abdomen and pelvis, perfectly healthy. *Head*—veins of the dura mater somewhat turgid; brain and membranes otherwise healthy.

The examination was made by A. L. Peirson, M.D., of Salem, in presence of Drs. Osgood and Hunt, and several gentlemen not of the profession.

What was the cause of death in this case?

Danvers, May 25th, 1837.

EBEN. HUNT, M.D.

POISONOUS PARTRIDGES AND PIGEONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In relation to the subject of the flesh of partridges being made poisonous from the birds' feeding on the *kalmia latifolia*, or broad-leaved laurel, I may mention a note, which was taken by the present writer when hearing the lectures of the celebrated Dr. Rush. It states, that sixty boys were all taken sick in one night, at Princeton, N. J., from eating of pot-pie, made of wild pigeons, which had fed upon what is called poke-berries, *Phytolacca Decandria*; in some parts of the country called *skoke*.

The popular name of this plant, in Rhode Island, is *pigeon-berry*, the roasted roots of which are very often used for sinapisms to the feet.

That the black meat of the partridge becomes deleterious from its feeding upon poisonous buds, seems much more probable than that a spontaneous change takes place in the flesh of the bird itself, which, so far as our information extends, would be a perfectly unprecedented and incomparable anomaly, in any part of the feathered or quadruped creature; at least so far as relates to animals whose flesh is by nature esculent and healthy. We admit, however, that the flesh of wild animals, over hunted, or of domestic animals, over driven, may contract a noxious quality. And of the latter, the lecture before mentioned gives a remarkable instance. It occurred in Massachusetts, and was, as I recollect, communicated by a member of Congress from that State. It was of an ox, which was killed, by its owner, because it was overheated, and sold for beef. Of twenty-four persons who ate of this beef, fifteen died!*

Of the sixty boys who were taken sick by eating pigeon-pie, we do not learn that any case proved fatal. But the account brings to mind what we have learned to be a popular opinion in some parts of the country, and which is said to have been derived from the Indians. It is, that seasons are sickly, in which pigeons are plenty, their appearance, by the superstitious, being considered ominous. But if we admit the fact, we should, from the statement given by Dr. Rush, rather impute

* Dr. Rush's MS. Lectures.

the sickness to the unwholesome quality of the pigeon meat, than to flocks of pigeons being an omen of epidemics from some other cause. For when pigeons appear in great abundance, many are taken and used for food.

In relation to the subject of animal food becoming poisonous from the bad quality of the alimentary matter upon which the animal feeds, we need only to hint at the well-known fact of fish. These, from feeding and living in waters where the bed or bottom is a copper ore, become so impregnated with the mineral, as to convey to persons who eat of them the alarming and sometimes fatal effects of the poison of copper. We should be apprehensive of the fish in Lake Superior, from this cause alone. We have, however, never noticed any accident of the kind having occurred in that quarter, for the country around its cupreous banks and shores is yet but sparsely populated. But in some other regions we have had accounts of serious disasters from this cause.

Lebanon, Ct., May 17th, 1837.

I am, sir, your obt. servt.

JOS. COMSTOCK, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 21, 1837.

SURGICAL OBSERVATIONS ON TUMORS.*

WITHOUT a design to speak more decidedly than the importance of the subject of the following remarks will justify, we acknowledge that we are not a little proud of the circumstance that a Boston Surgeon has contributed a work on operative surgery which has never been surpassed in the United States. It has nothing to do with the common routine of description in purely elementary treatises; on the contrary, it contemplates that special domain which is always alarming to the patient, and not unfrequently exercises the highest order of intellect in the surgeon, involving also the profoundest attainments in anatomical science. In effect, this splendid work is a chart, to guide the inexperienced operator, as well as to encourage and warn the most skilful, amongst the sunken rocks and dangerous shoals which are continually presented in the track of the general surgeon. Tumors are continually being developed in various parts of the body, so varying in character, so anomalous in structure, and so singularly influencing the functions of life, that of all the departments in the field of human misery, no one has a stronger claim than this upon every medical man's attention—for in America we are all surgeons and all physicians, as circumstances may require.

The vast collection of facts embodied here, which occurred under the immediate eye of the writer, must and will have that weight, as future precedents, in all similar conditions of the diseased body, which the repu-

* *Surgical Observations on Tumors, with Cases and Operations.* By JOHN C. WARREN, M.D., Prof. of Anatomy and Surgery in Harvard University, and Surgeon of the Massachusetts General Hospital. Boston: Crocker & Brewster, 1837. Pp. 607.

tation of the author is calculated to give them, were there no other combination of circumstances to render them practically useful.

Although it may be said of the medical profession, gratuitously, however, as a foreign traveller once slanderously asserted of the people at large, that every body made books in the United States, it is extremely mortifying, nay, it is a matter of reproach, that so few publications emanate from our surgeons, when it is susceptible of demonstration that the materials are ample, and the necessity for preserving a record of what each one has heard, seen, and experienced in practice, is positively obvious. Dr. Warren, while apparently devoted to the incessant demands made upon his time in a circle of practice perhaps not exceeded in any city of Europe—for no one can do more than be constantly employed—has economized time to such good purpose, as to have written, and beautifully illustrated by colored engravings, this large and exceedingly interesting volume. Whether this is to be considered in the light of a pioneer—a messenger sent to survey the coast, with reference to ascertaining whether another book would find favor—we have no means of knowing; but his competency to prepare others on topics equally interesting, based alone on his personal experience, would not be called in question by those who have witnessed his almost innumerable operations at the Mass. Gen. Hospital.

But to particulars, regarding the dimensions, typographical execution, fidelity of the plates and cost; for these, each and all of them, are in the mind of a purchaser. A clear, firm paper, a fair type, together with six hundred and seven octavo pages, interspersed with fifteen lively colored engravings, by Johnston, are amongst its extrinsic recommendations. The price is a little short of five dollars. A dedication is made to an illustrious man in the annals of modern surgery, Sir Astley Cooper. Section I. relates to *epidermoid tumors*; II. to *dermoid*; III. *tumors of the cellular membrane*; IV. *muscular tumors*; V. *periosteal tumors*; VI. *osseous tumors*; VII. *tumors of the glands*; VIII. *tumors of the secreting glands*; IX. *tumors of the testes*; X. *tumors of the mucous glands*; XI. *tumors of the vascular textures*; XII. *tumors of the membranous textures*; XIII. *encysted tumors*; XIV. *abdominal tumors*.

To minute descriptions of individual cases, are superadded critical remarks of rare value to those devoted to the pursuit which has raised Dr. Warren to distinction in an arduous and responsible calling.

This notice will give the reader an outline, only, of this performance. Without further commendatory expressions, the work is unhesitatingly recommended to the favor of the medical public

MEDICAL MEMORANDUM.

It may be recollected by our readers, that we published, last year, a report of a committee chosen by the Counsellors of the Mass. Medical Society to investigate certain charges made against several members of the Society by a Fellow, which report was accepted by the Counsellors and directed to be published. That report was of a character which certainly did not serve to exalt the individual as to his conduct in this matter, in the public judgment. He immediately and as openly appealed to the community by a reply which carried conviction to all, that he had done nothing but what was prompted by a sense of duty to the accused and to the Society. We are happy to state, that the Society, by the following

unanimous vote at the annual meeting a few days since, did sustain the member in his proceedings, and we trust that even good may come to him for his fearlessness in not shrinking from the performance of what was a positive duty.

On the subject of the report of the Counsellors, on violations of the By-Laws, which was published in October last :—

“*Voted*, That in the opinion of the Society, the Fellow referred to, as the gentleman who had preferred charges against certain members of the Society, is not subject to censure for anything *he has done or omitted to do* in the premises.”

Anonymous Correspondents.—The wayward medical student who has sent us a catalogue of the Castleton Medical Academy, post-marked at Woodstock, Vt., upon the blank leaf and margin of which were scribbled insults which he probably presumed he should never be detected in, will learn by this paragraph that he has been identified.

Of all strange fantasies, that which is indulged by some persons interested in a pecuniary way with a medical school, of desiring every one to feel, as they do, madly hostile to all other institutions of the same kind, even to dirking a man who happens to have no partialities one way or the other, is the most extraordinary. We have no personal acquaintance with any individual of the Castleton faculty ; we never, at any time, exchanged a letter with them, nor have we been invited, importuned, or even modestly asked to notice their medical academy in any form whatever. Their advertisements have been inserted annually in the Journal, like those of others, and from that source, and their catalogues, we have gathered what little we know of their operations. It is all alike to us who prospers—for we have no partialities. If we were to make mention of any feeling, it would be to express a hearty good will towards every medical college and every professor. Of what possible consequence can it be to us, personally, whether one of them numbers ten students or ten hundred ? Our patronage does not depend upon the mighty fiat of some great man of his own town, who, like the naked African king, seated upon a stump, eating rice with a wooden spoon, said to a visitor, “*What do they think of me in Europe ?*” Ours is intended to be an impartial and a generous course, having steadily in view the progress and respectability of the profession, and the promulgation of all that is new or useful connected with the science of medicine, regardless of the petty local disputes which may arise between rival institutions.

Quackery defeated in Connecticut.—We find the following notice, in a New Haven paper, of the final proceedings of the Connecticut Legislature on the petition of the Thomsonians.

“Bill authorizing collection of reasonable compensation by any person employed as a physician or surgeon, read second and third time.

“Mr. Phelps, of Manchester, moved its indefinite postponement.

“Mr. J. C. Palmer thought that the petition of fourteen or fifteen thousand citizens ought to be entitled to some consideration ; at least the House should be prepared to assent or deny the petition ; that common courtesy required this, at least, at the hands of the members.

“Motion to postpone indefinitely withdrawn. Motion to lay on the table negatived.

"Passage of the bill advocated by Mr. Welles—opposed by Dr. Abernethy, Dr. Vail, and Mr. S. Raymond. Bill on the final question negatived." About 20 affirmative.

Medical School of Virginia.—Some little time since we adverted to the medical department of the University of Virginia, with a view to glean something which should enlighten the medical public in New England, in regard to its operation. To Dr. Dunglison, and a subscriber in Charlottesville, we make acknowledgments, and thank them for their kindness in sending to our address the catalogue of 1837. After a perusal of it, we are impressed with a belief that the Virginia School is organized on as good a plan as any other in this country. An extract relating to the medical department cannot be otherwise than interesting to readers here at the north.

"1st. *Chemistry and Materia Medica.*—There are two classes in this school; one of chemistry, to which there are lectures given twice a week; and the other of materia medica and pharmacy, to which is given a lecture once a week throughout the session.

"In the chemical lectures, all the important applications of the science to the mechanic arts, agriculture and domestic economy are noticed, and when practicable, illustrated by experiment. In the lectures on earths and metals, the appropriate minerals are exhibited and noticed with reference to the sciences of mineralogy and geology."

"In the lectures on materia medica and pharmacy, the subjects are treated in the following order:—The operations of pharmacy, pharmaceutical preparations, the effect which the combining of different substances has on their medicinal properties, the different classifications of the materia medica, and lastly its several articles treated alphabetically.

"There is attached to this school, a very extensive apparatus and laboratory.

"2d. *Medicine.*—The subjects taught in this school are the theory and practice of medicine, obstetrics and medical jurisprudence. The last forms a distinct class, and comprehends other students in addition to those of medicine. A full course of lectures is delivered on each of the above branches. In the theory and practice of medicine, Eberle's work on that subject is recommended as a text-book; in obstetrics, Burns, Dewees, or Gouch; and in medical jurisprudence, Beck or Ryan.

"3d. *Anatomy, Physiology and Surgery.*—In anatomy the lectures are delivered from *subjects*, with which the school is regularly supplied. The text-book is Horner's *Special Anatomy*. In surgery, the text-book is Cooper's *First Lines*. In physiology, the text-book is Dunglison's *Human Physiology*. This and the two preceding schools constitute the *Medical Department* of the University; and the candidates for the degree of 'Doctor of Medicine,' must pass examination in them all. An extensive museum is attached to this department. It possesses one advantage, at least, over the other medical schools in the United States, in having a session of more than *ten months*, instead of one of about four.

"A full course of lectures in the Medical Department of this University, is considered as equivalent to a full course in both the Philadelphia and Baltimore Schools; so that a student with a certificate from this University of having attended a full course of lectures here, is entitled to stand for graduation at either of the above named schools, after having attended all the lectures there delivered for one session only.

"*Degrees.*—No particular period of study is prescribed for the acquisition of these honors. The student obtains them whenever he can undergo the rigid examinations to which the candidates for them are subjected.

"The title of Doctor of Medicine is conferred on the graduate in the medical department.

"On the last day of the session, the visitors, faculty, officers, and students, assemble in the rotunda, and the public are invited to attend. On this occasion, the certificates and diplomas are awarded to the successful candidates, the results of the examinations are announced, and orations are delivered and essays read by students appointed for that purpose."

The total expense for the session of upwards of ten months (commencing the 1st of September and ending the 4th of July following), exclusive of books and stationary, clothing and pocket money, \$238.

The number of students in the school of medicine at the session for 1836-7, was 55 ; in that of anatomy and surgery, 61 ; chemistry and materia medica, 130. Whole number from the commencement of the University in 1825—medicine, 415 ; anatomy and surgery, 390 ; chemistry and materia medica, 746 ; medical jurisprudence, 64.

Goitre in New Grenada.—It seems to be the opinion of some physicians of New Grenada, that a *deficient use of salt* has a tendency to promote that dreadful deformity, or swelling of the glandular apparatus of the throat, called goitre, which appears to prevail extensively in some districts of that country. As a remedy, the people resort to the internal administration of iodine, sea-water frictions, and acetyé de sal, and oil of salt, so called—the drainings from rock salt.

The condition of the roads, inaccessible for the most part to wheel carriages, with rapid rivers, navigated generally by canoes, makes transportation so dear, that with the high price created by the government monopoly, salt, says Dr. Gibson, in a late communication to the *American Journal of Science and Arts*, is much economized. Strangers find themselves obliged to carry a lump of salt with their baggage, to add to the usual very scanty seasoning with it in cooking. A salt cellar, continues the doctor, is by no means thought an indispensable part of the table equipage, and in many instances it will be in vain called for. A North American vessel was found at Buenaventura, on the Pacific, with salt brought from the Sandwich Islands ; this, inclosed in hides, was conveyed up the rapid rivers into the interior, although by nature so amply supplied with it.

A Spanish physician of reputation at Bogota, assured Dr. Gibson that dogs and cats were occasionally subject to goitre, and that he had seen instances in both, although he was not aware that it prevailed in any other domestic animals. Whether some clue to its origin and causes may be discovered by the fact that those animals which feed upon the offals of our table are alone affected by that peculiar disease, remains yet to be ascertained. Whatever may be thought, continues the writer, upon the subject of the use of salt (habitually, we suppose he would be understood), there appears to have been, from ancient date, very decided opinions upon the utility of the general use of this important article, which is craved with great ardor by many animals. It is a well-known

token of hospitality and confidence among the Arabs, and the ancient Hebrew moral law enjoins its employment as a point of religious as well as of physical propriety.

The determination of the wild animals of the West to gratify a craving appetite for salt, and particularly the buffaloes, constitutes a remarkable feature in the natural history of primitive America. Salt licks, as they were called by the hunters, to which beaten paths led from great distances, the common highway of all kinds of forest inhabitants from immemorial time, are not yet wholly obliterated by the upturning disposition of man, although the races, of which they are faint memorials, if not quite extinct, have retreated in remnants to the unexplored regions of the great West.

All the true thorough-going dietetic reformers of the present day—the loco focos in culinary philosophy—if we are rightly informed, eschew salt as they would a haunch of venison.

Plates of the Eye and Ear.—A few weeks since, reference was made to an importation of a few of these illustrations by Mr. Curtis, who is designated as an aurist. We have reinspected them, fearing that we might, perhaps, have been too much in a hurry at the time of the former notice; but, after all, feel constrained to repeat the remark that they are not any better than those of other authors. The subdivisions of diseases of the organs of sense into genera and orders, so far as the study of the plates themselves is concerned, is very well, perhaps deserving more commendation than we like to bestow before subjecting the whole to a third analysis. In the mean time, our friend Ticknor, at the corner of School street, who is abounding just at this juncture in a fine assortment of medical literature, both foreign and domestic, will be quite happy to exhibit Mr. Curtis's productions.

The Georgia Medical Society, which was chartered nearly forty years since, but which for several years suffered by neglect to such a degree that their charter became void, has recently been re-organized and re-chartered, and a commendable degree of zeal seems to be manifested among its members. It holds its meetings on the first Saturday in every month, in Savannah, where its members mostly reside—corresponding members, however, residing in different parts of the State. At each meeting an essay is read by some member of the Society, a copy of which is deposited with the Secretary.

Medical College of Georgia.—At the Annual Commencement of the Medical College of Georgia, held on Wednesday, April 19th, the degree of Doctor of Medicine was conferred upon fourteen graduates.

We are happy to learn that at a meeting of its Trustees, it was contemplated to create two new professorships; one, of the institutes of medicine and medical jurisprudence, and the other of physiology and pathological anatomy. We doubt not that competent gentlemen will receive these appointments, which will increase the number of professors in our medical college to eight.

The number of students attending the lectures in this institution the past season was 47, being a considerable increase over that of any former period.—*Southern Med. Jour.*

TO CORRESPONDENTS.—W.'s remarks on the treatment of insanity, Dr. Deane's case of congenital fissure of the palate, and Dr. Savery's case of caries of the bones, are on file for publication.

DIED.—At Paris, Mr. W. B. Sawyer, an American medical student.

Whole number of deaths in Boston, for the week ending June 17, 24. Males, 11—Females, 13.

Consumption, 3—catarrh, 1—dropsy in the head, 2—dropsy, 1—fits, 1—suicide by hanging, 1—delirium tremens, 1—smallpox, 1—marasmus, 1—typhus fever, 1—gangrene, 1—old age, 1—infantile, 1—stillborn, 2.

RETREAT FOR INVALIDS AND INSANE IN PEPPERELL.

DR. N. CUTTER respectfully informs his friends and the public, that having completed the very extensive and important improvements to his establishment which he has for some time contemplated, he is now prepared to receive an additional number of patients. Another large and commodious building has just been erected, more particularly for the occupation of invalids, his pleasure-grounds have been improved, and such arrangements made as to secure his personal attention exclusively to the medical treatment of his patients. Able and experienced nurses will be in constant attendance, and every exertion made to render the establishment agreeable and useful to those who may be under its care.

3t—June 21

Pepperell, Mass., June 1, 1837.

NEW ENGLAND JOURNAL OF MEDICINE AND SURGERY, and the collateral branches of Science, conducted by a number of Physicians—from 1812 to 1827, 16 vols. half bound. This valuable work is now nearly out of print. One set for sale, at a low price, if applied for soon, to

W. D. TICKNOR,

June 21.

Medical Bookseller, corner of Washington and School Sts.

NEW MEDICAL BOOKS.

WILLIAM D. TICKNOR, Medical Bookseller, corner of Washington and School streets, has just received, Surgical Observations on Tumors, with Cases and Operations; illustrated with many colored engravings. By John C. Warren, M.D. Price \$4.50.

A Treatise on the Malformations, Injuries and Diseases of the Rectum and Anus; illustrated with plates. By George Bushe, M.D. Price \$3.25.

Also as above, may be found, a very complete assortment of Medical Books, which will be sold on the most reasonable terms.

June 14.

MEDICAL LECTURES.

THE Medical Lectures at Dartmouth College will commence on *Thursday*, the third day of next August, and continue *fourteen* weeks.

Anatomy, Surgery, and Obstetrics, by	- - - - -	R. D. MUSSEY, M.D.
Physiology, Mat. Med. and Legal Med., by	- - - - -	D. OLIVER, M.D.
Theory and Practice of Physic, by	- - - - -	J. DELAMATER, M.D.
Chemistry and Pharmacy, by	- - - - -	O. P. HUBBARD, M.D.

Fee for the course, \$50. Matriculating fee, \$2.

Hanover, N. H., Aug 26, 1837.

J-73w

THEODORE METCALF—APOTHECARY,

NO. 33 Tremont street, ten doors north of the Tremont House, devotes his chief attention to compounding prescriptions; and assures physicians that, in his establishment, no persons will be entrusted with this duty, except those of skill and experience, and no articles used but those of the best quality.

T. M. keeps no *quack medicines*, but chooses to rely for support upon regular practitioners and their patients. He is permitted to refer to Drs. Jackson and Reynolds.

May 24.

3m

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

N16—1f

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THE
BOSTON MEDICAL AND SURGICAL
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[NO. 21.]

INSANITY.

[Communicated for the Boston Medical and Surgical Journal.]

THE erroneous principles of practice so general in this disease, call for the diffusion of information on the subject through the pages of the public journals.

From the writings of the justly celebrated Dr. Rush, we have derived most of our views of the treatment of insanity. They are in the hands of almost every practitioner in the country, and are held in the high estimation to which their merit justly entitles them. Yet very few New England physicians subscribe fully to his views of bloodletting as a remedy. They neither admit the correctness of his indications, nor accord with him in the extent to which the remedy should be carried, in the treatment of acute diseases. Very few physicians have sufficient practice in insanity to gain much experience, or to form just conceptions, of the nature of the excitement which is exhibited in the ravings of the maniac; and it is almost exclusively for recent cases of violent mania that the general practitioner is called to prescribe. He generally meets his patient in the full excitement of his paroxysms, when the muscular energies have been brought into the most vigorous activity, the feeling greatly excited, and the action of the heart made strong and violent by exertion. Hence the almost universal opinion that in mania there is inflammation, which must be treated by copious and repeated bleedings.

It is to correct this general impression that the views of eminent medical men are occasionally communicated to your Journal. Not that we would proscribe bleeding in mania, but that its value as a remedy may be duly estimated, and that it may not be too indiscriminately prescribed, or be carried too far, by which there can be no possible doubt much mischief, that is irreparable, has been done.

The following language of Dr. Prichard, in a recent work on insanity, will show the estimation in which he held this remedy, and the condition in which he would prescribe it.

“From the fact that the proximate cause of madness is so nearly allied to inflammation, it does not follow with certainty that the disease is to be cured by the simple use of antiphlogistic remedies. The physician who would proceed to treat cases of madness as instances of simple inflammation of the brain—who would expect to cure it at once,

like any other local inflammatory disease, by the direct operation of antiphlogistic means—would very often find himself greatly disappointed. He would meet with many cases in which no perceptible benefit arises from bleedings and evacuations of all kinds, generally or locally applied, and combined with the whole series of remedies, supposed to be required by the existence of organic inflammation. *Many patients would sink under such a course of treatment ; if carried on incautiously, it would leave the disease undiminished and exhaust the powers of life."*

The learned author might with great truth and propriety have added—that indiscriminate and copious bleeding, if it did not produce fatal exhaustion in the cases which he describes, would sink his case from one of raving to one of imbecility, bordering upon dementia, and thus greatly diminish the probability of a cure. But it is generally true that some little time after copious bleeding, the maniacal paroxysms become more violent, which is considered proof that the remedy is still indicated ; but repetition after repetition will exhibit the same result, till the equilibrium of the circulation is so disturbed that a long time is required to restore the healthy balance ; the head is hot and the extremities are cold ; the pulse are small ; the capillary system inactive ; the bowels sluggish ; the nervous system alone exhibits indication of excitement, which will continue to increase just in proportion as the energies of life are prostrated by active depletion.

I once prescribed for a recent case of insanity, in which by eighteen bleedings the patient lost thirty pounds of blood in five or six weeks. By this bold and active course of depletion no benefit whatever was gained ; the excitement was not diminished, the vigilance was not removed, nor the illusions of insanity banished from the mind. The patient, a vigorous young man, was by this course made pale and exanguious, but his pulse were still full and bounding as at first. A different course of remedies succeeded in removing the insanity, but the mind received a shock from the disease or the remedies, from which it never wholly recovered, although insanity was removed in six months and has never returned.

Similar cases frequently come under my observation, one very recently, which was a case of dementia, of a few weeks continuance. During this period, the patient, a young man of 24 years of age, had been freely bled four times. When he first came under my care, his pulse were small and sluggish, his extremities cold and purple, his physical energies prostrated, so that he would stand motionless and inactive for a long time ; the powers of his mind were no less prostrated than those of the body ; he was, in fact, in a state of complete dementia, to which the active depletion doubtless greatly contributed.

A case of recent insanity, in which active depletion was prescribed in the early period of the disease, lately came under my care. The powers of body and mind were entirely prostrated, so much so that the patient was not able to recognize one of his relatives, nor indeed to express an idea in a regular sentence, or even communicate his wants for months ; and he gradually sunk down with marasmus, and died.

Drs. Cullen and Rush are the most respectable advocates of blood-letting in this disease. Dr. Prichard is himself in favor of it to a limited extent. Drs. Haslin and Burrows object to general bleeding, but approve of abstracting blood locally, by cupping and leeching. They would generally confine the use of this remedy to *recent cases* of plethoric habits.

Pinel and Esquirol, and many other respectable writers whose experience entitles their opinion to great weight, object to general bleeding as a remedy in insanity. The learned and ingenious Dr. Todd, Physician to the Retreat for the Insane in Hartford, Con., rarely abstracted blood in any manner from persons afflicted with insanity. Few men can boast of such success as he had in recent cases. It was the opinion of this eminent practitioner that insanity was rarely benefited by evacuations of any kind. Esquirol observes that he has seen madness increased after an abundant flow of catamenia, and likewise after two or three bloodlettings. "In such cases melancholy dejection has passed into furious madness." He approves, however, of bleeding in plethoric habits, and when some habitual evacuation has been suppressed.

Dr. Shute, of the Gloucester Lunatic Asylum, prescribes neither bleeding, leeches, cupping, blisters, or drastic purges, "and yet," Dr. Prichard observes, "among the patients admitted to this hospital, a large proportion of recoveries take place, and no cases of sudden apoplexy or hemiplegia have yet happened."

Other and safer modes of diminishing and equalizing excitement are in common use, and receive the unqualified approbation of Dr. Prichard and other eminent practitioners. Of these, the application of cold to the head and warmth to the feet is decidedly beneficial. The shower bath and tepid bathing, and the use of laxative medicines to keep up a regular action of the bowels, are generally approved when judiciously prescribed. Antimonials are differently appreciated. Some eminent practitioners approve of them, while others discard them. Narcotics are extensively used in the institutions of New England. Dr. Todd thought very favorably of them, particularly of opium, stramonium, hyosciamus and conium, and used them more extensively, probably, than they had ever previously been used in this country or Europe. He was very successful in the use of the conium in all cases, chronic and acute, when the glandular system was much affected, and where the secretions were vitiated, which is frequently the condition of the insane. Digitalis has received high commendations from some experienced individuals; others have been disappointed of the good effects which they had expected from so active a narcotic. Dr. Johnson speaks favorably of hyosciamus, and thinks little of stramonium and belladonna. Prussic acid and nux vomica may yet be found valuable remedies in some forms of maniacal excitement; though they have not as yet been used to any considerable extent.

Opium, says Dr. Prichard, is far from being a remedy generally admissible in cases of insanity; yet there are instances in which it is decidedly useful. Very contradictory accounts are given of the effects of opium in mania. Its very extraordinary effects in some cases show its

power of controlling excitement in some forms of this disease. Used with discrimination, it doubtless possesses great power in mania. Where the excitement is purely nervous, it controls it, in many instances, in a most surprising manner. Dr. Burrows gives opium in doses of five grains, and repeats smaller doses frequently till its influence is fully felt. Van Swieten gave fifteen grains at a dose. Dr. Binns, of Liverpool, gave two scruples, and another scruple afterwards, and it is said restored the patient immediately. Dr. Currie gave 400 drops of laudanum to a maniac in the greatest possible furor, which acted like a miracle, for in a few hours the patient became calm and rational. M. Dupuytren gave opium by enema in mania. Dr. Sims gave, in a case related by Dr. Burrows, to a delicate lady, two hundred and fifty-seven drops of Battley's solution of opium in twenty hours—probably equal to from 550 to 600 drops of laudanum.

No remedy has probably produced more surprising effects in maniacal excitement, than opium; and yet if used indiscriminately, or without some preparation, in the early period of recent disease, it would be dangerous in the extreme, particularly as little advantage is gained from it in moderate doses, and large doses may do much mischief if injudiciously administered.

Calomel, combined with opium, in recent cases of insanity, often qualifies its action so as to insure favorable results from it, where it might be injurious if given alone. Calomel alone, or in this combination, often proves beneficial, if the secretions are diminished or vitiated.

On the subject of diet for the insane, the views of the public are no less erroneous than respecting medication. The diet of the maniac should be generous and liberal, as a general rule, and, so far as my experience goes, should never be abstemious or extremely simple. The excitement under which he labors exhausts the principles of life with great rapidity; hence the constant demand for food, in a large proportion of the insane, and the desire of stimulants so common with all, even those who are rigidly temperate during health. If this want is but partially supplied, the patient will be in perpetual irritation, uneasy, restless, and unhappy. With a full and generous diet, he will be quiet and contented. If this irritation is not quieted, the patient cannot be benefited by medical or moral treatment. The confidence cannot be gained till he is satisfied of the favorable intentions of those who hold him in charge. Of this he will not be satisfied while he suffers from hunger or the irritation which arises from paucity or poverty of diet.

Great changes in diet cannot be suddenly made in health with impunity, and especially when the system is subject to unusual causes of exhaustion. If the vital principle of the stomach is not met by corresponding stimulants, so as to balance it, this principle accumulates and the actions become diseased. This fact is too little regarded in dietetics. The same is true of other organs and of the whole system. If the excitability of the organs thus accumulates, the quantity of stimulants that they have been accustomed to receive will excite unhealthy actions, and pain and disease will follow. The eye bears the light of day with pleasure; it is accustomed to bear it, and no inconvenience is felt

while it is daily subjected to the stimulus of light. Place a person in a dark room for a day or two, and then expose him to the light which has before been so agreeable, and the eye is rendered insupportably painful and becomes at once diseased, if it is not withdrawn. The same is true of the stomach. The seaman that is in good health, who is put upon an allowance of food for some days, or weeks, from scarcity of stores, cannot, on being supplied, take half his accustomed meal, without imminent danger. The celebrated Dr. Rush, during the prevalence of the yellow fever in Philadelphia, in 1793, adopted such a course of abstinence, and consequently produced such a state of irritability of his stomach and general system, that he declares that a teaspoonful of wine received into his mouth, and not swallowed, excited him more than a glassful drank under ordinary circumstances.

I was consulted some time since by a gentleman, who, by dyspepsia and neuralgia, had become extremely reduced, and excessively irritable. His pain was insupportable, and he was feeble in body and mind. I ascertained that food distressed him exceedingly, and he had reduced the quantity and quality of his aliment so as to afford him a bare subsistence. He had taken no animal food for three years, and used no condiments. He informed me that the most trifling quantity of meat, taken into the stomach, would produce the excitement of a full meal formerly, and gave him very unpleasant sensations. I prescribed animal diet, tonics and narcotics, to be cautiously commenced, but to be persevered in till his diet should have a full proportion of meat, and directed some wine with his dinner. The neuralgia was almost immediately mitigated, and finally nearly or quite left him; his dyspepsia was much better, and he gained strength and spirits rapidly. He has since crossed the Atlantic twice on business, and is in very comfortable health—feeling no disposition to return to his former mode of living.

A young gentleman who had just graduated from one of the New England colleges, consulted me for dyspepsia, and a most distressing nervous irritability, by which he was reduced to extreme suffering and great debility. His diet had been reduced from one substance to another, till he confined himself to wheat gruel and bread. In this situation I saw him. I advised him to commence animal food cautiously, till he could make it a full share of his diet; gave him iron, with a laxative, and a little wine or brandy with his dinner. He immediately improved, in three months was well, and at the end of a year had gained forty pounds of flesh and appeared in robust health and fine spirits.

I have seen many insane persons with excessive irritability, which was constantly expended in noise and violence, in tearing of apparel and bedding, become calm, tractable, and good humored, by a change from spare to full diet, and from depletion and antiphlogistic remedies to a narcotic and tonic course. An insane lady recently came under my care who was exceedingly irritable and ill natured. She had for some weeks been filthy in the extreme, and was noisy and vulgar. She was under a course of antiphlogistic remedies, and on a spare and low diet for some months. The course was immediately changed. She took tonics and narcotics, and a full and generous diet. In a very few days

she was calm, cleanly, and pleasant, perfectly satisfied with her situation, and grateful for all favors. She slept quietly, gained flesh, and in six weeks was perfectly restored.

A hale, robust man, of abstemious habits and very laborious, was attacked, after an unusual mental effort of some days continuance, with *mania ferox*. His violence was extreme; he was entirely unconscious where he was, or what was done for him, and who administered to his wants. He was repeatedly bled largely, took drastic cathartics, and the most rigid diet. When he came under my care, after being in this condition a month, his appearance was haggard, emaciated, pale and bloodless—his extremities cold, and the surface of his body covered with sores, the effect of his violence. He was dangerous to approach, as his fury extended alike to all who came in his way. He was placed under a directly opposite mode of treatment. Tonics and narcotics, with wine, were administered with a liberal hand. His diet was animal food, bread, tea, coffee, and vegetables, with fruits. He ate freely, and was always hungry. In ten days he was calm and rational, his feelings composed and tranquil, his sleep quiet and refreshing. His recovery was surprisingly rapid. In four weeks his insanity was gone, and he had no remains of disease but the effects of the vigorous reduction to which he was in the first instance subjected.

Cases of this description are almost daily coming under my observation, and the result of the treatment has taught me an important practical lesson in insanity—*not to mistake excessive nervous action for inflammation, nor be led to consider the great muscular power of the maniac any proof of the strength and vigor which requires active depletion.* W.

June, 1837.

CORROBORATIVE TESTIMONY IN FAVOR OF LARGE DOSES OF OPIUM IN RHEUMATISM.

[Communicated for the Boston Medical and Surgical Journal.]

As we are often at a loss, when any new medicine or new treatment of any particular disorder is recommended, whether to employ it or not, being very often disappointed in such cases, it is highly important that all the evidence for or against such medicine or treatment should be communicated. One or two or half a dozen successful terminations of a disorder, do not always establish the fact that the treatment made use of in such disorder was the most judicious.

These ideas suggested themselves by reading Dr. Webb's highly valuable Prize Dissertation upon Rheumatism, and afterwards comparing his views in regard to its cure with my own experience. Having been very friendly to the use of opium, either alone or in combination with other medicine, as a remedial agent in many complaints, it occurred to my mind that it would be a proper remedy in rheumatism, and I long ago made use of it in that disorder.

The first time I employed it to a sufficient extent to satisfy myself of

its superior qualities in such a complaint, was in the month of June, 1823, in the case of S. C., of C., N. H. When I first saw him he was affected with considerable thirst, dry and hot skin, quick and strong pulse, swelled joints in the lower extremities, with redness and tenderness in some parts of them, and extreme pain. The redness and tenderness, together with an inability to move without increasing the pain, induced me to pronounce it acute rheumatism.

I took from his arm twenty-six ounces of blood, had him so situated in bed as to favor a gentle and long-continued diaphoresis, and administered a powder of opii. grs. ii. gum. camph. pulvis ipecacuan. ãã gr. i. every four hours. In a little while the skin was soft, its heat moderated, and gentle sweating produced, continuing until the cure was effected, which, by keeping up the opium practice, was accomplished in four or five days. The same pleasurable sensations spoken of by Dr. Webb were experienced to a remarkable degree. I did not confine myself to exactly two grains of opium during the whole time, but varied a little, giving sometimes more and sometimes less, according to circumstances. My object was to keep him under the influence of opium to as high a degree as he would bear.

The next patient that was treated in this way, which I shall mention, was J. F., of T. It was much such a case as the former, only there was more febrile affection. I have selected this case mostly because before, and at the time my services were called for, he was so prejudiced against opium as to be unwilling, knowingly, to take it, or have it used in his family. On this account I had to give it to him without his knowledge. The treatment, excepting that the opium was given in larger doses, was exactly the same as in the preceding case. He had taken it but a short time ere he began to receive so much benefit from it, and experience such pleasurable sensations, that he was very earnest to have me tell him what he had been taking. I hesitated at first, but on his promising not to be displeased, I told him it was opium. "Well," said he, "if opium has done this, I will never set up my will against it again." By its curing him so suddenly, and leaving him much more healthy afterwards, when in former instances he had been sick three times as long, he could not cease to mention how much his opinion had changed in regard to it.

The case, treated in this way, which has left the next strongest impression upon my mind, was that of a young lady, Miss. M. E., of T. The swelling, pain, and redness, were more changeable from one place to another in this, than in the former cases. The joint or limb that was swollen would be twice as large as that which was not. Sometimes the upper extremities would be most affected, and sometimes the lower. Sometimes the disease would be most severe upon one side, and sometimes upon the other. No part would be entirely free from the affection. Besides the swelling and pain, there was such a soreness upon all the joints and over the whole body, that not even a finger could be moved without a screech. I bled her three times, taking a pint each time. After the third bleeding, the remedial effect of the opium was more apparent than before. The diaphoresis was more regular, the

swelling more reduced, the pain and soreness more mitigated, and the pleasurable sensations more observable.

In all these cases, the diaphoresis and the pleasurable sensations from the opium, after it had taken effect, were pretty much alike. In all the cases, the treatment in every respect was so satisfactory, that the patients could not help speaking of it at the time and for a long time afterwards. From the happy and satisfactory termination of these cases, I was so applauded, though I speak not of it from vanity, but to show the effect of the medicine, that hundreds of patients, *not* affected with rheumatism, put themselves under my care, who would probably have sought for aid from a different source, had it not been for this.

Two other cases present themselves to my recollection, which I should be glad to speak of, but as an account of them would extend my article to too great a length, I shall defer them until another opportunity.

I stated at the commencement of this piece, that I was always favorably disposed towards opium as a curative agent in many disorders. This was not the only thing that induced me to make use of it in rheumatism. I had a decayed tooth, which, on account of its being so firmly set in my jaw, could not be extracted. The pain I suffered from it was beyond endurance. I had been troubled with it more or less every day for a month. At length it commenced, one summer evening, just I was retiring to rest, more agonizing and more excruciating than I had ever experienced it before. I flung myself upon my bed, but could get no rest. I got up and walked the room, but it really seemed that if any body ever died with the toothache, I should. I furnished myself with a piece of opium, and bit off a piece as big as a pea, but it did no good. In half an hour I swallowed as much as I did before, but with no better success. The pain continued all night; I continued walking and screeching, and now and then, without much consideration, biting off and swallowing a piece of opium. I experienced no more effect from it, until daylight appeared, than from a piece of chalk, and then the toothache stopped and the opium began to operate. It had so much effect upon me then, that I called a number of persons and charged them strictly, besides doing some other things, to keep me from going to sleep. By spatting, rubbing, and shaking me, and continually talking to me, they prevented me from falling into what would very likely have been the sleep of death. At length, from some appropriate medicine which I had taken, I commenced vomiting, when such a change was produced in my feelings, that I experienced no longer the bad effect of the opium. During that and the next day, I was the happiest creature that ever was. Nothing troubled me, everything appeared to look delightful, and I had not a moment's pain with the toothache for two years, though I had not been free from it a month at a time for two years before. This, and one other circumstance which I intend to mention at another time, suggested to me the benefit that might probably be derived from large doses of opium in rheumatism.

Boston, May, 1837.

SAMUEL FISH.

CONGENITAL FISSURES OF THE PALATE.

[Communicated for the Boston Med. and Surg. Journal.]

It is remarkable that until lately surgeons have never achieved the union of the congenital fissures of the palate by an operation. Defective conformation of this membrane is a perpetual source of embarrassment. It interrupts deglutition, renders enunciation unintelligible, and disqualifies the individual for the active pursuits of life. When we consider these results of incapacity, together with the feasibility of the operation, we are astonished it was never attempted until 1816, when the fissure was first united by Prof. Graefe, in Germany. In 1819, M. Roux performed it in Paris, upon Dr. Stevenson, a young American physician, and subsequently upon many others, so that, as Velpeau says, persons from all parts came to Paris to witness the performance of *staphyloraphy*, which soon took rank among the delicate, but regular operations of surgery. Stevenson made known his cure in London, in a thesis defended in 1821, and in the year following it was accomplished for the first time in England by Mr. Alcock, and not long after in America by Dr. Warren, of Boston, and Drs. Hosack and Stevens in New York.

My attention was first attracted to a case of this nature by the parents of a child four years old. But its extreme youth, the extent of the fissure, the irritability of the parts involved in its formation, made me abandon the idea of an operation that requires for its success the unflinching spirit of maturer years. Recently, however, I have performed it upon a young gentleman in whom the natural division extended through the uvula and velum to the bones of the palatine vault. The fissure assumed a triangular shape, but when its floating edges were irritated, all remains of a palate were obliterated by violent contractions. Its length was nearly two inches in the median line; its breadth, at the basis, an inch and a half, and at its attachment with the bones it terminated in a semicircular form. By subjecting the throat to the frequent contact of foreign bodies, the involuntary movements in a few weeks became diminished. This preliminary step is almost indispensable; still no precaution can overcome these convulsions, nor check the profuse secretions which are poured from the glands and mucous surfaces of the mouth when the ligatures are inserted and the excisions made. These secretions fill the mouth with great rapidity, and of necessity render the steps of the operation slow and tedious.

Staphyloraphy requires but few instruments for its performance, and those which ingenuity suggests will answer. I conveyed the needle behind the membranous curtain, and transfixed it forwards, with a jeweller's *pin vice*. This instrument embraces the needle firmly, and is easily disengaged from it by slipping the ring with the fore finger, while the needle may be drawn out with a pair of dressing forceps. The ligatures were a yard in length, composed of four or five threads of sewing silk, and armed with short needles bent to resemble a small fish hook. After the ligatures were introduced, their extremities were loosely tied behind the neck to prevent them from being confounded

with each other. They were inserted at a firm depth and at uniform points of contact.

Another delicate step is to make the excisions. The difficulty consists in fixing the loose edges of the fissure while the scarifications are performed in a deep and narrow cavity. To surmount these obstacles I contrived an instrument resembling a pair of forceps bent in an obtuse angle at the pivot, the beaks of which were terminated by transverse slips an inch in length, which closed firmly when the handles were pressed together. It was held with the left hand, and included just so much of the edge of the fissure as was necessary to be removed, which was done with a scalpel with surprising facility. Where the division approached the palatine bones, it did not require to be fixed, but resisted the knife by the strength of its adhesions.

I encountered no trouble in tying the ligatures with my fingers, which at once restored the palate to its natural expansion. The anterior ligature gave way the second day, leaving an aperture of the size of a six cent piece. Owing to the tension at this point I was obliged to repeat this ligature several times, and to detach the firm membrane from the bone by making punctures through it with a lancet. There is yet a trifling orifice, which will require a few applications of the cautery, but with this exception the palate is true to nature, even to the extremity of the uvula. It is perfect, and the result already is truly gratifying. The voice is greatly improved, is becoming daily more flexible, and will, I doubt not, be fully restored. I used no mechanical means to prevent the jaws from closing or to keep down the tongue, for the resolution of my patient rendered this measure unnecessary.

This operation cannot be practicable in young children, for the voluntary submission of the individual is essential to its success. It requires the energetic exercise of fortitude to suppress the propensity to cough and resist the burning thirst that accompanies the adhesive stage of union. My patient refrained from swallowing for two days; and until the ligatures were removed, which was on the fifth and sixth days, he took only fluids in small quantity.

Last year I witnessed the union of a finger which had been separated more than a quarter of an hour. A young man had two of these members cut off by a straw-cutter, the knife of which passed obliquely through the second phalangeal bone of the first finger, and the third of the second. When I came to dress the stumps and saw how clean a cut had been made, I proposed to bind on the severed part, which was conceived to be a great absurdity by the patient and bystanders. However, they were sent for, and found among the chaff, cold and pale. I immersed them a little while in warm water, and confined them upon the stumps with stitches and adhesive straps. The next day I was delighted to see the thermometer rise rapidly when the bulb was placed upon the dressings at the tips of the divided fingers. When the dressings were removed, I had the pleasure to find the second finger completely united, retaining, if I remember right, the nail. The other united partially, and during ten days I was in both hope and doubt. Living action resulted to a feeble extent, but finally ceased, and I was

reluctantly compelled to remove the mass which had become gangrenous. I am persuaded that when fingers and toes are struck off, their reunion will be almost certain, provided they are placed on while yet warm, and kept firm for a few days. It is well known, that holding by the slightest shred of integument, these members will unite; but it is questionable whether the circulation is re-established through the medium of the unsevered part, or by the mouths of the divided vessels.

Greenfield, June, 1837.

JAMES DEANE, M.D.

CARIES OF THE BONES OF THE CRANIUM AND THORAX.

EXTENSIVE DISEASE OF IMPORTANT VISCERA IN DIFFERENT CAVITIES OF THE BODY.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of the following case was not seen by the writer, until about three weeks before her decease: her history, before this time, from this and other circumstances, will be imperfect.

Mrs. P., aged 40, having never borne children, subject to periodical headaches and to dysmenorrhœa, was taken, some time in October last, with severe pains in the back part of the head and neck, preceded and attended with considerable derangement of the digestive organs. The menses became irregular in appearance; the left breast, and, afterwards, the glands in the axilla, enlarged and indurated. The right side of the tongue became paralysed, and deglutition extremely difficult. She began to complain, at the time I first saw her, of a continual ringing in her left ear; this continued until death, without intermission, increasing to a sound like the roaring of a cataract, during the paroxysms to which she was subject, and which will be hereafter noticed. Countenance harsh, sharpened, and betraying continual anxiety; unable to lay on either side without difficulty; sleeplessness; pulse varying from 100 to 130, very irregular; tongue clean at its tip, chapped and coated at its base. She was subject, a fortnight before death, to paroxysms, similar to those occurring in angina pectoris. On the 13th of May last, she died.

Sectio Cadaveris.—A tumor, of the size of a robin's egg, was found in the superior and posterior portion of the falx major. The tunica arachnoides, in patches, thickened and opaque. Caries of the sphenoid and occipital bones, at the sphenoccipital junction. The integuments, covering the upper portion of the sternum, presented the same irregular, hardened feeling, externally, as the breast; and on being divided, a dirty-grey, striated mass appeared, interspersed here and there with melanotic patches. Caries of the sternum; of the sternal extremities of the clavicles; of the first rib of the left, and of the four superior of the right side.

Appearances of the thoracic viscera. The lungs were studded, throughout, with tubercles. An enlarged lymphatic ganglion surrounded the bronchia, immediately before its bifurcation. About three pints of serum were removed from the cavity of the chest. On opening the peri-

cardium, a considerable quantity of fluid escaped. The heart was enlarged, accompanied with fatty degeneracy and softening of that organ. Ossification of the tricuspid valves.

Appearances of the abdominal viscera. Enlargement and induration of the liver. A large white tubercle was imbedded in the convex surface of its middle lobe. Texture of the spleen firm, resisting the edge of the knife almost like cartilage.

The uterus and the ovaries were scirrhus; and, attached to the left one of the latter, was a single hydatid. The remaining viscera were apparently healthy.

CHARLES A. SAVERY, M.D.

Hopkinton, N. H., June 14th, 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 28, 1837.

MALFORMATIONS AND DISEASES OF THE RECTUM AND ANUS.

IMMEDIATELY after announcing, a short time since, the death of George Bushe, M.D., of New York, Messrs. French & Adlard, publishers, of that city, kindly sent us a treatise with the above title, apparently completed just before the author was numbered with the silent dead. The circumstance is calculated to call forth a train of melancholy reflections. A slight, hasty turning over of the leaves, is sufficient to convince one, by the evident accuracy and care bestowed upon the colored drawings, that a man of genius has been taken from the world.

Dr. Bushe was born near Antrim, in Ireland, and had been a resident of New York about nine years, where he had acquired, says our correspondent, a great reputation as a scientific surgeon, whose place in the circle in which it was his happiness to move, cannot be easily filled. His papers, it is understood have been placed at the disposal of Dr. G. S. Bedford, to be published for the benefit of a bereaved family. The public, therefore, may expect a faithful biographical sketch of a gentleman who to brilliant attainments, added all the requisites for a well-founded celebrity, had Providence, whose ways are inscrutable, spared him to his admiring friends. He died on the 17th of May, of pulmonary consumption, in the 39th year of his age. After his arrival in this country he occupied the chair of anatomy in Rutgers Medical College, in which it is believed he continued till the final abandonment of that school by its board of professors.

The treatise in question is an octavo of 299 pages, accompanied by a quarto series of nine colored plates, denoting the unwearied exertions of Dr. Bushe in trying to convey accurate information to the reader on an obscure seat of disease. The plates are true to life, giving really painful representations of the *appearances* of the rectum and anus when inflamed and distorted by various morbid changes.

Following the anatomy of the rectum, the functions of that portion of the intestinal tube are considered. Next, malformations, the presence of

foreign bodies in it, lacerations, inflammations, and excoriations, are particularized. Diseased action, from the application of gonorrhœal matter, is carefully investigated. Fissures of the anus, neuralgia of the rectum, spasmodic contractions of the sphincter ani, ulcerations, hæmorrhoidal affections, enlargements of the hæmorrhoidal veins, prolapsus of the rectum, relaxation of the anus, excrescences, polypi, abscesses, fistula, carcinomatous degeneration of the rectum, besides an infinitude of other collateral subjects connected with the surgery of this region, concur in making a practical guide in operative surgery, as useful in its particular department, for aught we can discover, as the surgical observations of Dr. Warren in that of tumors. Purchasers will find it at Mr. Ticknor's, and also at Mr. Jordan's, Washington street.

In future, the publishers will have the goodness to recollect that all new books should be on sale in Boston as soon as they are published in the other great cities: their success very much depends on this trifling circumstance.

Nitrate of Silver in Diseased Stomach.—Dr. J. Johnson lately stated to the London Medical Society, that in cases of simple irritation of the stomach, in which the organ did not bear well the presence of food, and digestion did not proceed in the usual manner, in conjunction with the use of small quantities only of the most nutritious and digestible food, nitrate of silver had proved to be one of the best remedies in lessening the irritation of the organ. He generally began with half a grain, given in the course of a day in three doses, increasing it, if necessary, to a grain and a half in the same period, but seldom exceeding this. In epilepsy, however, he had given as much as eight grains in 24 hours. Dr. J. also stated that in a sub-inflamed state of the mucous membrane about the fauces, in which there was thickening of the membrane, elongation of the uvula, with harassing cough and other symptoms, the nitrate of silver might be used with advantage. A plan which had been adopted in these cases with success, was to dip the sponge of a probang into a solution of the nitrate, and push it down the pharynx until it reached the upper part of the œsophagus. Highly irritable ulcers had also been relieved by this remedy. Dr. J. had never seen but one case in which the skin had been tinged blue by this medicine, which was a case of epilepsy, but in which the patient had continued the medicine six weeks beyond the time to which he was ordered to continue it.

Castor oil Frictions in Gout.—A writer in the London Lancet states that the "aristocratic complaint," *podagra*, or gout, has been treated, with great success, by the external application of castor oil. The oil was rubbed into the affected limb at bed-time, which was then wrapped up in warm flannels. A very simple remedy, but probably worthy of trial in this painful disease.

Section of the Tendo Achillis for the relief of Club-feet.—At a meeting of the Royal Medical and Chirurgical Society, London, in March last, John Whipple, Esq., Surgeon, of Plymouth, read a paper on the above subject. Two cases were related by him, in which he had practised the operation with entire relief. The first was a boy 8 years of age, who was born healthy and perfect, but invariably pitched forward on the

points of his toes as soon as he was put on his feet. The undue extension of the feet increased for several years, in spite of all the instrumental means of relief, and when the author first saw him he was incapable of locomotion without the aid of crutches. As the deformity appeared solely attributable to deficient length in the muscles or their tendons, Mr. W. determined to divide the tendons of the gastrocnemii. "The operation was performed by passing a narrow, curved bistoury downwards and outwards across the tendon, about two inches above the os calcis, and dividing it in the withdrawal of the bistoury." The external wound healed by the following day; in three weeks a firm band of connection was formed between the cut ends of the tendon; and in rather more than five weeks, the patient could stand alone. At the time the author wrote (six months after the operation), the patient could walk three miles without assistance.

"The second case was one of the more common form of club-foot, in which the sole is turned towards the opposite ankle. In this case, the operation was performed in the manner before described, and was attended with as great success. The tension of the tendons of the tibialis anticus and tibialis posticus generally co-existing with the same condition in the gastrocnemius, the author thinks would, in all instances, soon yield after the division of the tendo achillis."

Some of the members were of the opinion that in many cases of club-feet the bones and ligaments were affected, and the deformity therefore had nothing to do with the tendo achillis. A majority of the members, however, thought the operation likely to be advantageous in these troublesome deformities.

Lithotrity.—Mr. Streeter stated, at a late meeting of the Westminster Medical Society, that the late Mr. Fernandez was in the habit of using the following method, in his operations for lithotrity. He saw that when the bladder was injected the surface would be no longer rugous, but smooth; the stone would be, consequently, sure to roll to the lowest spot. He made it a rule in his operations, therefore, to come exceedingly close to the stone (whether before or behind mattered not), without touching it; and then, having first opened his instrument, he gently pressed the part. The spot touched being thus made the lowest part of the bladder, the stone uniformly rolled into the instrument, and he had nothing to do but to close it, and crush the calculus.—*London Lancet.*

Medical Reminiscences.—At a meeting of the freeholders and inhabitants of Cambridge Orderly, convened 10 March, 1728-9.

"Put to vote whither said inhabitants wd grant ye sum of fifty pounds for Joseph Hanford to fitt him out, in ye practice of physick, & it passed in the negative."

At a meeting of ye freeholders, &c—26th March 1729-30.

"Whereas Saml Danforth Esqr by the practice of Inoculation of ye Small pox has greatly endangered ye Town & distress'd Sundry families amongst us, which is very disagreeable unto us. Wherefore, Voted yt Said Saml Danforth Esqr be disered forthwith to Remove Such inoculated persons into some convenient place whereby our 'Town may'nt be exposed by them.

"Also Voted yt ye Revd Mr. President Wadsworth be earnestly de-

sired to prevent ye practice of inoculation of ye Small pox in ye Colledge and in ye Town on such as belong to yt Society; that if it might be sd distemper might not prevail amongst us."

Vermont Academy of Medicine.—The annual spring term of the Vermont Academy of Medicine, at Castleton, closed on Wednesday, June 7, 1837. The degree of M.D. was conferred on thirty-one gentlemen, and the degree of M.B. upon two. The honorary degree of M.D. was conferred upon Abraham Pulling, of Amsterdam, N. Y.

Post-mortem Reputation.—Signior Segato, whose extraordinary preparations of the human body, and other animal substances, to suspend their decay, excited much curiosity, died lately at Florence. His secret perished with him. His death is said to have been hastened by vexation at the refusal of the Florentine government to assist him in his undertaking. Now, however, so high a value is set by that government on the preparations which he has left, that they have formally prohibited their removal from the country.—*Mag. of Popular Science, May.*

Medical Miscellany.—Two cases of smallpox and one of varioloid have appeared at Springfield, one of which terminated fatally.—Emigrants from the United States are said to enjoy excellent health in Texas.—Dr. John B. McMunn, of the western part of New York, is said to have made an important discovery in the preparation of opium. It consists in the separation of its most effective ingredients in their natural state, viz., morphia, codien and narcein, in the natural combination in which they exist with meconic acid.—The Queen of England is said to be in a dangerous condition in consequence of the rupture of a bloodvessel.—Dr. Dudley, of Lexington, Ky., has performed the operation of lithotomy one hundred and thirty-eight times, without losing one patient by the operation.—A physician of Baltimore, twenty years ago, being then in great practice, used from sixteen to twenty half pounds of calomel yearly! At present one of the most extensive apothecaries in that city does not dispense, yearly, more than three pounds. This is an important fact for the Thomsonians to stereotype.—Dr. Collins, late master of Dublin Hospital, details the particulars of a case in which he heard the child cry, in utero, four hours before birth.—Asphyxied children may frequently be resuscitated by applying the mouth to their breasts, and making a powerful suction.—Smallpox is thought to exist at Woolwich, Me., opposite Bath.—Dr. Plough, of N. Orleans, offers a premium of \$50 for the best essay in French or English, on the "Influence of Bathing;" and also the same for the best essay on the "Dangers of Interments in Cities," especially in a Southern climate.—Dr. H. Stone has gone into the government service, as surgeon, to be stationed at Fort Gibson, Arkansas.—Forty cases of smallpox occurred on board the ship Bangor, just arrived at New York, from Havre, several having died with it during the voyage.—A caricature of the Hygeian Pills has been published in London, representing the vegetable pills as sprouting up in different parts of the body from a poor fellow who had taken a dozen of them and then lain in the wet all night, in the shape of leeks, onions, carrots, &c.

Medical Appointments.—Ezra Palmer, Jr. M.D. has been elected physician and surgeon of the House of Industry, South Boston, in place of Dr. Perry, whose term of service has expired.—Dr. H. N. Baxley has been appointed Professor of Anatomy in the Baltimore Medical School, in the place of Dr. Geddings, who has removed to Charleston, S. C.

TO CORRESPONDENTS.—The communication of "Elliot" is received, and will appear in due time.—Among other accepted papers we acknowledge the receipt of Dr. Tuckerman's notes on St. Croix, as a winter residence for invalids. Also Dr. E. Quincy Sewell's translation of *Brierre De Boiment*, on the establishment and government of Lunatic Asylums, from Dr. D. R. Beach, and Dr. Geo. Hayward's late discourse before the Mass. Med. Society—all of which will receive respectful notice and partial insertion as soon as prior manuscripts have been disposed of.

DIED.—At Sterling, Mass., Dr. Luther Allen, aged 64.—At Schenectady, N. Y. Dr. Joseph Yates.—At Sturbridge, Ms. Dr. Jacob Corey, aged 83.—At Jefferson Co. Va. Dr. Alfred T. Magill, 34, late Prof. of Med. in the University of Virginia.

Whole number of deaths in Boston, for the week ending June 21, 30. Males, 17—Females, 13.

Consumption, 2—suicide, 1—inflam. by a fall, 1—dropsy, 2—disease of the heart, 1—inflam. of the stomach, 1—inflam. of the lungs, 1—croup, 1—dropsy on the brain, 1—fits, 1—drowned, 2—apoplexy, 1—typhus fever, 1—dropsy in the chest, 1—scrofula, 1—infantile, 1—smallpox, 1—stillborn, 4.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me., JOSEPH BALCH, Jr. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn. May 10—6m

RETREAT FOR INVALIDS AND INSANE IN PEPPERELL.

DR. N. CUTTER respectfully informs his friends and the public, that having completed the very extensive and important improvements to his establishment which he has for some time contemplated, he is now prepared to receive an additional number of patients. Another large and commodious building has just been erected, more particularly for the occupation of invalids, his pleasure-grounds have been improved, and such arrangements made as to secure his personal attention exclusively to the medical treatment of his patients. Able and experienced nurses will be in constant attendance, and every exertion made to render the establishment agreeable and useful to those who may be under its care.

Pepperell, Mass., June 1, 1837.

3t—June 21

NEW MEDICAL BOOKS.

WILLIAM D. TICKNOR, *Medical Bookseller*, corner of Washington and School streets, has just received, Surgical Observations on Tumors, with Cases and Operations; illustrated with many colored engravings. By John C. Warren, M.D. Price \$1.50.

A Treatise on the Malformations, Injuries and Diseases of the Rectum and Anus; illustrated with plates. By George Bushe, M.D. Price \$3.25.

Also as above, may be found, a very complete assortment of Medical Books, which will be sold on the most reasonable terms.

June 14.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.



THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, JULY 5, 1837.

[NO. 22.]

REPORT OF THE NEW HAVEN COUNTY MEDICAL SOCIETY.

[THE General Assembly of the State of Connecticut, at their session in May, 1836, received petitions from various parts of the State, praying for a repeal of the 8th section of the "act to incorporate the Connecticut Medical Society." By a vote of the General Assembly, these petitions were postponed to the next session of the Assembly, with an order for a citation to the Medical Society. In consequence of this citation, the Medical Society of New Haven County, at their annual meeting in April, 1837, adopted the following Report, as expressive of their views in regard to the expediency of the proposed measure.]

The Medical Laws in this State were enacted for a two-fold purpose. First, that our State might be furnished with an able and faithful medical faculty; and secondly, that the public might, as far as possible, be secured from medical imposture and the evils which flow from it. In pursuing these objects, the public good, rather than the benefit of a profession, was the end and aim. With the design of promoting these views, the following act has been admitted to a place in our statute-book. It is part of an act entitled "An Act in relation to the Medical Institution of Yale College."

"Every medical student shall be required to attend to the study of physic and surgery, for two years, with some medical or surgical professor or practitioner, who is in respectable standing, *Provided*, he shall have been graduated at some college; otherwise to study three years; to have acquired in addition to a good English education, a competent knowledge of the Latin language, and of the principles of Natural Philosophy; to have arrived at the age of twenty-one years; to be of a good moral character; and to deliver to the committee of examination a satisfactory dissertation upon some subject in medicine or surgery, or the auxiliary branches. And every medical student shall attend one course of the lectures under the professors of the Medical Institution of Yale College, or of some other public medical institution, previously to his being admitted to an examination for a license."

In furtherance of these same views, the following provision, contained in an act entitled an "An Act to incorporate the Connecticut Medical Society," has been made. "No physician or surgeon, who shall have commenced practice since the year one thousand eight hundred, or who shall hereafter commence practice, shall be entitled by law to recover any debt or fees for such practice, unless he shall have been duly

licensed by some medical society, or college of physicians, and all persons licensed to practise physic and surgery, and practising within this State, shall of course be members of the Medical Society."

That portion of an act last quoted is the "8th section," which it is proposed to repeal. It will be observed that it has (and was designed to have) the force and effect of a penalty for not complying with the conditions contained in that other act which, in these pages, precedes it. Without it, the law which makes a course of study necessary to the practitioner of physic is, of course, inoperative *as a law*; for a law which may be violated with impunity, is a law without a penalty, or, more properly, no law at all.

It surely will be conceded that the public have a real interest in the character and qualifications of medical men—the acknowledged guardians of life and health. Their near relation to the very sources of happiness and well-being has induced the civilized governments of every age and country to make regulations and adopt measures calculated to render them the more worthy the high trust confided to them.

That a successful practitioner of physic must be well acquainted with the principles of his art; that these principles are not to be learned in a day; and that the prescribed course of medical study in this State is not unnecessarily long, are truths which, in other circumstances, we might feel ashamed to argue. These truths we should ordinarily deem it necessary but to state; but the attempts which are now making to conceal or forget them, render it necessary, or at least, *proper*, that we cite *proof*.

There is not, within the range of our knowledge, a more complicated piece of mechanism than the human system. Taken in the number of its parts, and the variety and intricacy of its laws, it is without an equal. A perfect knowledge of its construction and composition as a *simple machine* is the work of years; and this knowledge does not require a tithe of the study necessary to comprehend it fully as a *living system*. It is upon this system that the physician is obliged to operate. It is his business to understand its powers, to perceive the nature and seat of its disorders, and on proper occasions, to speed, to check, to modify, or in some way to correct its movements. Surely, then, two or three years is a period short enough in which to lay in a competent store of the knowledge in question. It is agreed that he who would put in order even the simplest mechanical contrivance, must inform himself regarding its construction. An old wooden clock that needs repair is not put into the hands of a man who never saw the interior of a clock; or if placed in such hands, the owner expects it will be spoiled. He who would *prescribe* successfully for a disordered time-keeper, must acquaint himself with the number and relation of its parts, and the mechanical forces which originate and regulate its motion; or, in other words, he must study its *anatomy* and *physiology*. And is a man fitted for the office of superintending, regulating, and repairing the human machine—of prescribing correctly for its multiplied disorders, who knows nothing of its parts, powers and operations—nothing of its anatomy and physiology? and would it not be well to require of him who takes upon himself this

office, at least, that amount of knowledge regarding his business which we are accustomed to demand of our ordinary mechanics? Undoubtedly, it is as difficult and intricate a piece of work to patch up a broken constitution as a leaky pair of boots—to keep a-going a rickety human system as a rickety time-piece; while the consequences of blundering and bungling workmanship are even more momentous.

But a knowledge of anatomy and physiology merely, is not all that is required of the physician. Besides being acquainted with disease in all its various and ever varying forms, he must know the means best adapted to cure it. Disease is to be removed by the application of certain agents or instruments which have power to modify the functions, to rouse or diminish vital energy, to correct disordered movements, and to restore the lost balance of the system. These agents are to the physician what tools are to the mechanic. They have multiplied powers, and multiplied and varying relations to our organs, which it is no easy matter to learn. To understand their nature fully, the purposes to which they may be applied, and the effects which they are calculated to produce, in all the different forms of disease, and under the different circumstances of constitution, age, sex, season, climate, &c., is a task sufficient for the acutest mind and the most persevering industry.

It cannot with reason be disputed, then, that medicine, in order to be understood, must be *studied*. Medical skill can be the result of nothing else than severe and protracted application. It is not a thing that men are born with, or purchase of strolling Indians and seventh sons, or learn by dreaming, or even discover by meditation, any more than shoe-making or ship-making. There is neither magic or witchcraft about it. It cannot be acquired without some expense both of time and money, and without, at least, a common share of understanding. The lazy and the lounging, as well as the weak and the ignorant, can never possess it. That which comes without industry is pretension, and makes up in bustling and boasting what it lacks of something better.

But perhaps what we have said on this point is better than more. Those who look upon study and application as, of course, indispensable to true medical skill, will perhaps regard what has been offered as mere trifling, and unworthy even the little space which has been allotted it; while such as consider our art as nothing better than a sort of *knack* which certain men and women get by inheritance, or as a kind of juggling akin to fire-eating and best exercised by mountebanks and vagabonds, will hardly be convinced by anything in the shape of *argument*.

But though it be admitted that medicine is based on science, is a comprehensive and difficult study, and has a most important bearing on the interests of the community, it may still be said that there are not sufficient reasons for legislative provisions and restrictions regarding its practice. To justify legislation in this matter, it will be necessary to show that the highest general good, or in other words the interest and safety of the public, requires it. This we are prepared to do.

The ease with which imposition in the healing art is practised, affords

one powerful reason why legislators should attempt something for the public security. In consequence of the peculiar opportunities and facilities for imposture in our profession, the practice of it holds out great temptations to the idle, the artful, the unprincipled, and the thousands who hate any honest vocation. Hence comes charlatanism in all its extent and variety, from Mr. Swain and the great nostrum-monger in New York, down to the obscurest root-doctor who strolls about from village to village. We had the curiosity lately to inquire into the proportion of the advertising columns of the several daily newspapers of the city of New York, which was taken up with the advertisements of quack medicines. We found this proportion to be, in the penny papers, at least one half, and in the larger papers, somewhat less than that.

The reason that imposition is so easy and successful in medicine, is to be found in the general want of information regarding the nature of disease, the operation of remedies, and the powers of the human system. As a consequence, the skill and knowledge of a physician must, for the most part, be taken upon trust, except so far as evidence is to be obtained from his general character and acquirements. There is no subject which, by the mass of mankind, is so rarely made a matter of general study and investigation, even in its elements, as medical science; while, at the same time, there is no subject regarding which men so universally consider themselves adequately informed, in all its practical applications, as this same medical science. This want of knowledge, unfortunately not felt as a *want*, we deplore, because worth in our profession is, as a consequence, imperfectly appreciated, and because ignorance and impudence thereby gain an advantage of the utmost importance. It is well known, that the arts of intrigue, and the no less potent art of puffing, will oftentimes procure occupation and a name, when unpretending merit is left to perish unnoticed. This fact is well illustrated by the sudden and full employment frequently obtained by itinerants and adventurers without character or merit, and of whose vaunted skill and cures we know nothing, except what is to be found in a pompous advertisement or handbill.

The intense anxiety and apprehension of the sick and their friends, and the eagerness with which they grasp at the promise of relief, from however questionable a source it may come, give the arts of empiricism a ten fold efficiency, and villainy an advantage it would not otherwise possess. The powerful manner in which the fear of death operates upon the discerning and judging faculty, particularly when the mind is enfeebled by sickness, can never be fully understood by those who have not often witnessed its effect. Under these circumstances, the understanding is, as it were, gone, and man is the creature of impulse and feeling. He is wavering, credulous, and superstitious. He is perhaps ready to bestow confidence on the most worthless objects; to repose faith in the most trifling, ridiculous and hazardous means, *provided* his humor and hopes are encouraged. We have often witnessed, with the most painful emotions, the effects, immediate and remote, of extravagant and unwarrantable promises in such cases.

The belief which still prevails to no inconsiderable extent, and which

is the inheritance of a darker age—the belief that medicine is an *occult* science; that medical skill comes in some unknown or undefinable way—that it runs in the blood, or is a gift of nature or heaven—that it is a possession rather than an acquisition—has exerted a most powerful influence on the progress of quackery. We know that this belief will not often be acknowledged, but it is real and influential notwithstanding, as proved by the conduct and practice of men. It cannot be expected, of course, that those who suppose disease to be cured by the exercise of a magical influence, or by tricks of legerdemain, will have a very large share of that salutary incredulity in reference to extravagant pretension and secret skill, which is the safety of the sick man. And when men cannot protect themselves, whether by means of ignorance, or prejudice, or passion, or superstition, or even obstinacy, it is the duty of government to become their protector.

We do not mean to say that quackery *never* effects cures. We know that it is sometimes successful; but we also know that those who practise it deserve little credit for such success. There is an influence exerted on the mind by the imposing process of a mountebank, particularly in the case of nervous and susceptible persons or those given to superstition—an influence of which both patient and prescriber are probably ignorant—which is all-powerful in curing certain kinds of disease. Hope, expectation, confidence, or even the more violent emotions, such as anger, terror, astonishment, have cured many a case of sickness, when recovery has been attributed to some worthless medicine, or to the magical skill of a juggler. Besides, empirics sometimes employ powerful remedies, of real value in their place, which, being prescribed for every form of disease, must infallibly produce relief in some, according to the laws of mere chance. It is well known that arsenic and corrosive sublimate are frequent ingredients in the “vegetable” compounds and specifics of quacks. The real cures effected by empirics, or by medicines used in an empirical manner, suggest the case of a militia-man, who, “being armed and equipped as the law directs,” is endeavoring, blindfold, to drive a bullet through some certain object within reach of a musket shot, but in an unknown direction. He blazes away most valorously, and at every point of the compass; and after having riddled and shivered almost everything about him, he of necessity finally hits his mark, according to the laws of chance. But does this fact prove him a marksman? Or is it best, from such an instance of blundering success, to blazon his name abroad as one prodigiously skilled in shooting? And yet, such a course is much like that which is often taken with regard to the random successes of empirics, or those ignorant of the nature and situation of disease, &c. And the declaration of a man who always shoots with his eyes shut, that he never misses his mark, and never yet killed the wrong game, is worth just as much as the common boast of the charlatan that he never fails to cure, that his means are perfectly safe, and that he has in no instance lost a patient.

The want of a test, then, of easy application, by which medical qualifications can be determined by the public, the secrecy and decep-

tion with regard to the means employed, which are in the prescriber's power, the generally unknown nature of the remedies he uses, even though their names be known, the debilitating effects of disease and anxiety on the mind of the sick man, and, consequently, the great temptations and opportunities afforded to unprincipled and unqualified men to enter upon the business of medical imposture; all these things, and the evils which flow from them, furnish so many reasons why the appointed guardians of the public safety should inquire into the qualifications of medical men, and attach some specific penalty to the practice of fraud and deception. That a government has a right, and, in fact, is *obligated* to do this, cannot be questioned; indeed, it is for this very purpose, and others like it, that a government exists.

The principle for which we would here contend is simply this—*That it is the right and duty of government to protect the people in every possible way against any trade, or craft, or profession, in which the public has peculiar interest, and the temptations to defraud and deceive are great.* This principle is recognized on almost every page of our statute-book. In accordance with it, millers are forbidden to take but a certain amount of toll. No person can sell certain kinds of goods at auction without a license. “No person shall set up or carry on the trade or mystery of tanning leather, except he prove his skill therein,” “and obtain a license therefor,” under a penalty of sixty-seven dollars.* Why? Because the tanning of leather requires skill, and because leather is an article in which extensive fraud is practicable. No man can ship beef, fish, flour, onions, hay, shingles, &c., to a foreign market, unless they have been inspected and approved. Beef for exportation must be, at least, two years old, cut and cured in a certain manner, &c. These inconveniences (restrictions on personal rights, if you please), must be submitted to, to prevent imposition, and to secure a good character and market abroad.

In accordance with this same principle, it has been further enacted that “no person shall keep a district school, until he has been examined and approved by the visitors of the school society,” and shall receive a certificate of his qualifications for a teacher. Why? Because the business of school-teaching requires some knowledge, and because evils would be the consequence of committing it to incompetent men. Neither shall any person practise as an attorney, unless he be approved, admitted and sworn “agreeably to the rules established” by the court, unless it be in his own case; “nor shall more than one attorney be allowed to plead on the same side of any cause,” with certain exceptions; “and in no case, shall more than two attorneys be admitted to plead, on the same side.” All these embarrassments the friends of “free trade” and “equal rights” must submit to, because the public good (always a higher object than individual good), requires some such measures to prevent the evils of protracted litigation, and the imposition of unqualified and designing men.

The whole license system recognizes and exemplifies the principle

* Revised Statutes.

under consideration—that the free exercise of certain vocations by all, without restraint or condition, is not consistent with the highest general good. Inn-keepers are required to obtain a license, give a bond for the observance of the laws, conform to certain regulations regarding the selling of liquors and the preservation of morals, &c.

All these restraints on the business of society and of individuals—restraints similar to those enacted by every civilized government on earth—sufficiently prove the truth and justice of the principles we have been considering; or, at least, show that it is recognized and acted upon continually in our statute-book, which fact is all that is required for our present purpose. Therefore, in order to show the propriety of legislative interference in regard to the practice of physic, it only remains for us to prove that the medical art is *similar* in its nature, and in its relations to society, to other arts and occupations which, it is agreed, are proper subjects of legislation—a thing which, in fact, has already been done. If we mistake not, we have shown that the medical art, in its relation to the public welfare, holds a very high rank in importance, certainly as high as the art of the school-master or tanner. We have shown, too, that medicine is a difficult and comprehensive study, requiring natural talent, and a long period of diligent training, in such as would practise it successfully, and is not surpassed in these respects by any art or profession whatever, whether it be pleading, or tanning, or school-keeping. Furthermore, we have shown that the business of a physician offers very great advantages for imposition to artful, incompetent and irresponsible men, certainly as great as the advantages of the attorney, the pedagogue, the auctioneer, the taverner, or the tanner. Are we not right, then, when we contend that the present medical laws ought not to be repealed, that ignorant and unqualified men ought not to practise physic, and that the guards and barriers which the public now have against imposture ought not to be removed?

[To be continued.]

EMBRYOTIC INFLUENCES.

BY JOHN GOULDING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN No. 16, of your Journal, I observed a communication from Dr. Fish, in regard to the form, color, and features of the future offspring, the purport of which appears to be that the imagination of the female decides, to some degree, at least, what shall be the general external appearance of her progeny. An essay of this kind, in this enlightened age, I consider requires some notice. I had hoped this absurd notion had long since been exploded, or that it was confined to the weak minded and illiterate. I could not have imagined it to prejudice the mind of any man belonging to the medical profession. That the imagination can exert an influence over the mind to affect the child in utero, is as contrary to reason and to all scientific principles, as that a horse-shoe nailed over a door will secure the occupants of the house from witchery; and,

indeed, it originated from the same source. True, it is a belief that has existed from time immemorial, or, at least, is recorded by the most ancient authors. But this can be no proof of its correctness. Still it has been handed down, from one generation to another, among women, and so many facts, as they call them, have been related from one to another, that wholly to divest their minds of such notions is, among the lower classes especially, nearly or quite impossible. Their prejudices are so strongly fixed, that reason can have no influence. But minds accustomed to reason and argument cannot see such really distressing illusions proposed and supported by those who ought to found all arguments in regard to the physical condition of man, on the solid ground of anatomy and physiology, without at least expressing dissent from the doctrine, and trying to say something to show the falsity of the opinion. And to this end, I will ask Dr. F. to consider the connection between the mother and unborn child. This he will see is proved by anatomy to be indirect only, and this through the medium of the circulation. No nervous communication whatever has ever been shown to exist, not a filament of nerve passing from mother to the fœtus in utero. How, then, are the changes of the nervous system of the mother to affect the child? I must suppose it to go on in this wise, till it is better explained: when the mother sees a person with but one arm, the impression she receives is immediately floated along in the blood to the child, the fact communicated to the little embryo, and at once it decides that one arm only is necessary, and off one comes, if it had previously acquired any considerable size; but I cannot exactly understand by what process the arm is removed, by which particular method of amputation, how the hæmorrhage is arrested, whether it is healed by the first intention, or what is done with the parts removed; but that it is so, I have heard many a woman say. To be sure they do not describe the particular process, any more than Dr. F. does. But Dr. F. says, "facts" prove it; and I have a "fact" to relate. A child was born with one arm only; the mother says this was in consequence of her being in a house when a friend had an arm amputated. Just six days from the time of this amputation she was delivered of a son with but one arm; the other arm was missing, and the stump looked "exactly like the amputated arm when she saw it dressed." Now no reasoning nor arguments could convince her that this was not caused by her feelings when she knew of this amputation. She says she "had very singular feelings, and knew her child would have but one arm." During these peculiar feelings we must suppose the work of amputation was going on; and to do the whole work in six days, they must be expeditious surgeons in that region. Another "fact." A woman saw a calf knocked in the head; in twelve hours she was delivered of a child to all appearance sound and healthy, but it was dead, having the skull beat in as with an axe. Another: a woman who saw a fine bunch of grapes carried by the door, tried to buy them; they were sold to another person, and she *longed* very much for them; the next day her child was born with a large bunch of grapes upon the back! They must have grown very quick. A woman saw a large raisin, longed for it, was trying on a stocking at

the time ; her child was born with a large raisin upon the leg. It appears that whatever part is first touched after the particular thing is seen or longed for, is the part upon which the mark is placed. I saw a woman run a quarter of a mile with both arms extended at full length, so that her hands might touch no part of herself till she had washed them, after having seen a snake cross her path.

These "facts," and I might furnish ten thousand others of this character, prove to my mind quite as conclusively that the imagination of the mother during gestation has something to do with the color, form, and features of the future offspring, as any of those mentioned by Dr. F. But I will examine some of the Dr.'s facts. "When a cow or mare is to receive the male, a full view of him immediately afterwards will impress his likeness upon the future progeny ; and it is a custom among grooms to lead the horse in front of the mare, that she may look at him a minute or two." 'This, to be sure, is done, and what then ? Does it prove anything ? No arguments would convince them that this was all an illusion—an idle prejudice. But they are ignorant of philosophy, anatomy and physiology, and having been educated with such kind of ignorant prejudices, it is to be expected they will know no better. 'The Dr. says a relative of his had a cow which bore a white calf, and that this was because she stood by the side of a white ox. But I should think it quite as probable that the old cow got frightened at a snow bank. Capt. W.'s grey mare had a colt with a white streak in the face and nose. There is nothing wonderful, surely, in the fact that a grey mare should have a colt with a white streak upon it, though sired by a dark-bay horse ; but that Mr. B.'s brown mare had anything to do in the formation of it, is as probable as that the "specie circular" caused it. With regard to a certain acquaintance of the doctor's, whose child so much resembled a servant man of theirs, "that when she was 20 years old frequent remarks were made about it," I think it well that the husband may have been a believer in the doctrine inculcated by Dr. Fish, else jealousy might have created unpleasant disturbances in the family. If a woman were too intimate with a servant man, and especially if *enceinte* by him, it would not be unnatural for her to attempt to conceal this intimacy by saying "she perfectly hated him." This *fact* reminds me of a case related by Dr. Hunter, of a woman, who, after remaining childless for many years, at length had the pleasure of informing her husband that they were to be blessed with offspring. In due time she was delivered, and the child proved to be a perfect mulatto ! This was a hard blow to the husband, but the very fond wife soon satisfied him it was owing to her having been severely frightened by a big ugly negro who stood near her carriage the last time she rode out.

Dr. F. lays much stress on the fact of Laban's cattle becoming streaked, &c., in consequence of Jacob's plan of peeling the rods of poplar, hazel, and chesnut. That all this occurred as described in the bible, we have no wish or reason to doubt. But that the same effect from a like cause has continued and still continues to be produced, is what we have no reason to believe. Many commentators and learned divines explain it on entirely different principles, and without doubt the

true ones; to wit: "that there was a direct interposition of God in favor of the righteous Jacob against his selfish father-in-law, the crafty Laban; and that he was directed in the plan he adopted by a divine intimation, and rendered successful, if not by a direct miracle, yet by the Lord's giving a new and uncommon bias to the tendency of natural causes."

If the Dr. had a patient bitten by a poisonous serpent, would he erect a brazen serpent upon a pole and bid his patient look upon it and be well, with the expectation that the bite would be rendered harmless by his doing so? Such was once the fact; and why is it he would not consider the same cause and effect perpetuated in this case, as well as in regard to the peeled rods?

Perhaps it may not be fairly inferred from the Dr.'s remarks, that he believes in the power of the fancy to that extent the cases I have related imply; but certainly the principle is recognized by him.

I have already written enough on this subject, and will leave it for abler hands, hoping every friend of humanity will do all in his power to dispel this delusion of the mind from every female, for it is truly a deplorable condition. It renders the woman who really believes in such a prejudice, truly wretched during her term of gestation. Every ungratified longing, disagreeable surprise or alarm, and every fright from a disgusting object, seen or even thought of, renders her uneasy, and perhaps miserable, from the apprehension that her unborn babe shall receive a blemish, deformity, or "terrible mark." "Her nightly imaginings are those of horror, and the day affords no relief, as her mind teems with prejudices which are in favor of an influence most earnestly deprecated; and nothing but the delivery of an unblemished child can soothe her agitated feelings, or remove her long-cherished fears." The ten thousand stories told her by mischief-making gossips increase her wretchedness; and if the authority of physicians is to be super-added, her situation is such as almost to make one desire that no further addition should be made to the number of the human race.

I must be indulged, then, in a short recapitulation of the prominent arguments against so absurd a notion. These are, that there is no direct communication between the mother and child unborn, no nerves whatever, but only an indirect communication through the medium of the circulation; and all facts, as they are called, which are adduced to prove this doctrine, prove nothing or prove quite too much—for, as a general thing, it is but a short time before the birth of the child that the woman dates the longing, the fright, sight, or accident, that has caused the blemish or deformity. It gives to the imagination a power to create, and a power to destroy, as at a word. A toe, thumb, leg, or arm, the likeness of a bunch of grapes or other fruits, of insects or animals, are added to the child, and all this in a short time, sometimes in 12 hours; and again an arm, leg, &c. are taken away in the same time; for if the want of these parts or the addition of them is caused by anything seen, felt, or longed for by the female, then the unborn child must have previously been perfect—and for nature to produce such changes in so short a time as is generally allowed, is more than reason will allow us to believe. If

the limbs were once perfect, and the child is born with an arm wanting, what has become of the part removed? If it once had the usual number of fingers and toes, can it be that one in addition, upon each foot and hand, has grown in a few days or weeks? If the head was once a natural human head, what power of the imagination or of nature has changed it to that of a cat, a turtle, or snake? We know that monstrosities do occur; but they are rare, considering the great numbers daily born, and all that can be said in regard to such things is, that man is fearfully and wonderfully made; and that so very few are born with blemishes, deformities, or unsightly appearances, is owing to the wisdom of Him who numbereth the hairs of the head, and observeth even the fall of the sparrow.

Stratford, Conn., June 5, 1837.

EPIDEMIC AMONG CHILDREN

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you a brief sketch of an epidemic that has been prevailing in this village for the last two months. If you think it sufficiently interesting to merit a place in your Journal, it is at your disposal.

Gloucester, Sandy Bay,

Yours, &c.

June 28, 1837.

JOSEPH REYNOLDS, M.D.

The epidemic commenced about the middle of April. There have been not far from sixty cases requiring medical attendance, besides a large number in which only domestic remedies have been employed. There have been, so far as I know, but four cases in which adults have been affected. In one of these, a robust young man, it proved fatal. With these exceptions, the disease has been confined to young children. In a large proportion of the cases, the subjects have been under two years old.

In many instances the attack was sudden and violent. In some cases, the little patients have taken their breakfast, and, as usual, gone to school; but before school was done have been compelled to return home, and by noon have been vomiting violently, or in a burning fever, complaining of great pain in the limbs, and perhaps manifesting great difficulty of breathing. Vomiting has been among the early symptoms, in very many cases. This has continued from six to twelve hours, and been followed by great heat, thirst, dyspnoea, dry, frequent cough, redness of the fauces, with painful deglutition, and in some cases by swelling and ulceration of the tonsils, with an eruption on the skin, occurring generally on the second day. Those cases in which the tonsils have been enlarged and ulcerated, so far as I have observed, have been attended uniformly by the eruption. In those cases in which there has been merely redness of the fauces, attended by painful deglutition, the eruption has not uniformly occurred, and when it has occurred, has been less perfectly developed. In this latter class of cases, the affection of the throat appeared to consist of an erythema involving the mucous membrane of the

fauces, and extending into the larynx. In the former class, it closely resembled the usual affection of the throat in scarlatina. Both classes were attended by cough and difficult breathing, by a strong tendency to congestion of the lungs, and during the first two or three days to coma. Since the first two weeks, the enlargement and ulceration of the tonsils, and the eruption of the skin, have been rare. The erythematous affection of the fauces, with the partial eruption of the skin, continued two or three weeks longer. During the last four weeks, the affection of the throat has occurred but seldom.

During the first four weeks, many children from three to seven years old were attacked. During the last, a large proportion of the patients have been under one year, and have presented the ordinary symptoms of lung fever, attended by no peculiarity, unless a tendency to congestion of the lungs, in an unusual number of cases, may be considered as such.

The disease has run its course rapidly, and generally terminated in from five to seven days. Some cases have terminated fatally in three days. In several cases the cough has continued some days, and, in a few, some weeks after the subsidence of the other symptoms, and the return of the appetite.

There are still occasional cases of the affection; but it appears to exist no longer among us as an epidemic. In most epidemics, the cases occurring near their close are of milder character than those which occur at their onset: but several of the last cases which have occurred in this, have been quite severe. The difficulty of breathing, in several cases of very young patients, has been peculiarly distressing, quite as much so as in the first cases that occurred.

In most instances the disease has readily yielded to the action of medicine. Out of forty cases that have come under my treatment, two have terminated fatally. In one of these the affection of the tonsils was strongly marked. In the other the affection of the throat was slight, but after a partial recovery, fits occurred, apparently from an error in diet, and congestion of the lungs followed. I am not aware of any peculiarity in the treatment which I have adopted, or that I can suggest anything important under this head. I will simply say that perseverance has overcome the disease, in several cases, where the prospect of recovery was exceedingly small. I have never been more impressed with the propriety of "hoping against hope," than I have in some cases in which the parents and friends have gathered around the little sufferers, in the momentary expectation of seeing them expire.

The circumstance that has struck me as peculiar in this epidemic, is the combination of the symptoms of scarlatina with those of pneumonia, and the gradual merging of the former in those of the latter.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JULY 5, 1837.

MERCURIAL PRACTICE OF MEDICINE.

AN anonymous writer in the Plymouth Memorial has addressed two candid argumentative letters to us, on the subject of the propriety of prescribing mercury in nearly all diseases. As the series is to be continued we beg to express our regret that the author did not send his communications, with his name, directly to the Med. Journal, in which he would have been courteously treated, and a much greater number of medical men could have participated in the disquisition, than in a newspaper, which of course cannot command so many professional readers. At the onset, we wish the writer here alluded to, to understand, which he does not now seem to do, that neither we nor our correspondents are wedded so closely to mercurials as to be blind to the efficacy of other remedies. Indeed, he does not keep pace with the age, if he supposes that the physicians of New England, or, in fact, of the United States generally, resort to mercury as the Samson of the materia medica. A race of men are now on the stage, who are influenced by a more rational philosophy than guided the generations which have passed away. If the practice of physic has ever been too complicated or too arbitrary, it is now simple and scientific. But it were useless to enter into a discussion with one enveloped in darkness, and we therefore feel that there is no necessity of replying in detail to questions emanating from no tangible point.

American Medical Library.—DUNGLISON'S AMERICAN MEDICAL LIBRARY, of which six numbers have been sent us by the publisher, fully sustains in its contents the reputation of its distinguished and able editor, as the mechanical execution does of Waldie, its publisher and printer, which presents a striking and refreshing contrast to the slovenly style of some of the works for the use of the profession, and we are glad to hear Mr. Waldie is well sustained in his undertaking. The present number contains twenty-four pages of unusually interesting medical intelligence, foreign and domestic, among which is an excellent analysis of the Transactions of the Medical Society for Observation in Paris, by Dr. Bowditch; the remainder of Stokes's Lectures, and the commencement of Hamilton's Practical Observations on Midwifery. Weeks, Jordan & Co., at the Literary Rooms, Washington street, are the publishers for New England.

Artemisia Absinthium in Epilepsy.—Mr. Whitmore stated to the members of the London Medical Society that he had, for many years, been in the habit of using the artemisia absinthium in nervous affections. He had found it particularly beneficial in cases of epilepsy, some of the most obstinate cases of that affection having yielded to its employment. He is in the habit of giving the powder, in drachm doses, two or three

times a-day, and he has only known it fail in one or two instances. The patients did not complain of the bitterness of the medicine; he had never found it objected to on that head. He strongly recommended the members to give it a trial, and to commence with smaller quantities if the doses were considered too large. He gave it mixed with cold water. He had also found it extremely serviceable in hysteria, severe neuralgia, and chorea.

Pericarditis.—Dr. Johnson, of London, says that pericarditis may exist, to a great extent, without any suspicion of its presence being excited. He had lately been at the post-mortem examination of a young lady, who had been ill for five weeks, and died of this affection. Two physicians, one of them considered a good auscultator, had attended this patient, and the presence of pericarditis was not suspected. There were no febrile symptoms, the pulse for a considerable time was scarcely perceptible, the most prominent symptoms being great debility, dyspnoea on ascending the stairs, and troublesome cough. The lungs were supposed to be at fault. On examination after death, the lungs were found perfectly healthy. The pericardium contained five pints of serous fluid, and its internal surface displayed, over a great extent, a very fine reticulated structure, formed of adventitious membrane. This case was one showing the fallacy of all diagnostic marks in some instances. Regarding the treatment of pericarditis, in addition to calomel and opium, depletion to faintness in the standing position, and purgatives, would be proper; as the disease was frequently the sequence of rheumatism, colchicum and tartarized antimony might be beneficially employed, the one producing a specific effect, the antimony arresting the whole powers of life, particularly that of the heart, and thus saving the necessity of carrying blood-letting to an undue extent.

Vaccination at the Hospital of Children, St. Petersburg.—All the children were vaccinated at about the 14th day after birth. More than 4,000 infants belonging to the establishment, and 2,000 externes, were vaccinated. The method pursued is as follows:—All the children were vaccinated in both arms, by different physicians, and with different vaccine matter. The lancet-point, charged with matter, was introduced under the epidermis, from above downwards, and moved about in the small wound, so as to bring the vaccine in perfect contact with the surface. Six of these incisions were made on each arm, partly with the object of introducing a greater quantity of matter, and partly with that of rendering the operation more certain; this latter was probably obtained, for on an average not more than eight, out of one hundred cases, failed.

The vaccine pustules varied much in size, form, &c., according to the individual. In maturely born and healthy children, they commonly presented the aspect described by Jenner, and run the same course. Hence cannot be admitted, with Rust, and several other writers, the idea of the vaccine matter having degenerated, especially since that employed has never been renewed since Jenner's time; yet its power seemed as perfect as when first introduced. The propriety of vaccination, after a lapse of ten to fifteen years, seems to be better demonstrated; for, in the children, upon whom re-vaccination was practised, true vaccine pustules manifested themselves in three out of one hundred cases.—*London Lancet.*

Illustration for a parent.—Mr. Nicol, bookseller to the king, had lost five children, and his wife was in the family-way for the sixth. The late John Hunter, in passing one day, dropped in, and asked Mr. Nicol if he intended to kill this, as he had killed all the rest of his children. Mr. N., who was a North-countryman, had, on false principles, endeavored to inure his children to cold and rough usage, thinking that if they could not survive this they would never live to be reared to manhood. Not understanding such a question, therefore, he demanded of Hunter what he meant. "Why," said Hunter, "do you know what is the temperature of a hen with her callow brood? because if you don't, I'll tell you." He then proceeded to explain the necessity of warmth to young animals, and convinced Mr. Nicol of the propriety of changing his plan, which he did, and with complete success.—*Life of Hunter.*

Death from Universal Pressure.—At the Gallery of Practical Science in the Strand, is an hydrostatic press, which will produce a pressure of more than 30,000 lbs. on the square inch. Into this machine a live eel was lately introduced, and, tenacious of life as is that animal, which will survive for hours after it has been skinned and decapitated, the pressure of the water by the machine during a quarter of a minute effectually destroyed its life. Immediately afterwards every means was tried, with an energetic galvanic apparatus, to restore life in the animal, but in vain. It was perfectly insensible and rigid, not moving a muscle in the slightest degree. This experiment further demonstrates the compressibility of water, and was tried in order to test a continually-repeated assertion, that a living fish will not suffer the least inconvenience in a hydrostatic press.—*London Lancet.*

Medical Miscellany.—The camomile quack, Evans, begins to rival the prince of pill-makers, Brandeth, in everything but getting off his nostrums.—It has been recently confirmed that cold water dashed from the mouth of a well, on a person prostrated by noxious gases at the bottom, speedily resuscitates him.—At the village of Oos, in Germany, the thigh bones, vertebræ, and a tusk, of a mammoth, have been discovered forty feet below the surface. The tusk was seven feet long, white and enamelled: its circumference at the base, was nineteen inches.—Out of a cargo of 250 persons sent to New South Wales, who were allowed no stimulants, there was not a death during the voyage. In another ship, in which rum was allowed by rations, twenty per cent died before reaching Sidney.—Dr. T. Barlow, and Rufus Dawes, Esq. formerly of Boston, and Mr. L. M. Fowler, a practical phrenologist, have opened a suit of rooms in Broadway, New York, for the cultivation of phrenological pursuits, on a large scale. One takes care of the crania, Mr. Dawes is to publish a journal, and the third gentleman is to manipulate heads.—In July last, the Correctional Tribunal of the Seine condemned *Sieur Girandau* to six days imprisonment and a fine of three hundred francs, for having announced secret remedies for the cure of syphilitic complaints.—A gargle of alum is represented to be an excellent remedy for *fætor oris*.—Much is said, and more quoted, of late, from *Neunham* on the disorders of literary men. Has the work ever been on sale in Boston?—Dr. Alexander H. Stevens, professor of the principles and practice of surgery in the New York College of Surgeons and Physicians, has resigned his chair.—The plague is spreading in Bulgaria.

Rhode Island Medical Society.—This Society held its annual meeting at the Redwood Library in Newport, on Wednesday, June 28th. The *Fiske Fund Trustees* announced the award of two premiums of forty dollars for the best dissertations on questions by them proposed to the members for the year 1836-7; viz. The one to Dr. David King, of Newport, for his dissertation on *Cholera Infantum*, and the other to Dr. Jacob Fuller, of Providence, for his dissertation on *Delirium Tremens*.

The names of gentlemen, elected officers for the ensuing year, will be given in the next Journal.

TO CORRESPONDENTS.—Dr. Mansur's case of dry gangrene will be inserted in the Journal soon.—Other papers, before acknowledged, will in a short time be published.

DIED.—At Philadelphia, Frederick Augustus Mulenberg, M.D., 36.

Whole number of deaths in Boston, for the week ending July 1, 25. Males, 11—Females, 14.

Consumption, 3—old age, 2—pericarditis, 1—inflam. of the bowels, 1—smallpox, 1—drowned, 3—infantile, 1—typhus fever, 1—pneumonitis, 1—child-bed fever, 1—abscess of the brain, 1—fits, 1—marasmus, 1—apoplexy, 1—stillborn, 3.

NEW MEDICAL BOOKS.

WILLIAM D. TICKNOR, *Medical Bookseller*, corner of Washington and School streets, has just received, Surgical Observations on Tumors, with Cases and Operations; illustrated with many colored engravings. By John C. Warren, M.D. Price \$4.50.

A Treatise on the Malformations, Injuries and Diseases of the Rectum and Anus; illustrated with plates. By George Bushe, M.D. Price \$3.25.

Also as above, may be found, a very complete assortment of Medical Books, which will be sold on the most reasonable terms.

June 14.

RETREAT FOR INVALIDS AND INSANE IN PEPPERELL.

DR. N. CUTTER respectfully informs his friends and the public, that having completed the very extensive and important improvements to his establishment which he has for some time contemplated, he is now prepared to receive an additional number of patients. Another large and commodious building has just been erected, more particularly for the occupation of invalids, his pleasure-grounds have been improved, and such arrangements made as to secure his personal attention exclusively to the medical treatment of his patients. Able and experienced nurses will be in constant attendance, and every exertion made to render the establishment agreeable and useful to those who may be under its care.

3t—June 21

Pepperell, Mass., June 1, 1837.

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

1f—Oct. 19

Boston, Oct. 7, 1835.

NEW ENGLAND JOURNAL OF MEDICINE AND SURGERY, and the collateral branches of Science, conducted by a number of Physicians—from 1812 to 1837, 16 vols. half bound. This valuable work is now nearly out of print. One set for sale, at a low price, if applied for soon, to

W. D. TICKNOR,

June 21.

Medical Bookseller, corner of Washington and School Sts.

THEODORE METCALF—APOTHECARY,

NO. 33 Tremont street, two doors north of the Tremont House, devotes his chief attention to compounding prescriptions; and assures physicians that, in his establishment, no persons will be entrusted with this duty, except those of skill and experience, and no articles used but those of the best quality.

T. M. keeps no quack medicines, but chooses to rely for support upon regular practitioners and their patients. He is permitted to refer to Drs. Jackson and Reynolds.

May 24.

3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by **D. CLAPP, JR.** at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. **J. V. C. SMITH, M.D.** Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, JULY 12, 1837.

[NO. 23.]

OBSERVATIONS ON THE CLIMATE, &c. OF SANTA CRUZ.

BY JOSEPH TUCKERMAN, D.D.

To John C. Warren, M.D.

Boston, June, 1837.

MY DEAR SIR,—I avail myself of the earliest opportunity of my return from Santa Cruz, to bring together the few notes which I took there with a special view to the information of any invalids, who might think of passing a winter in that island for the recovery of their health. It was by your advice that I passed the last winter there. You will remember, that previous to the 20th of the last November, when I embarked for Santa Cruz, I had been confined for the greater part of six months by illness and debility ; during a part of that time, by a very distressing cough ; and even to the last by such a degree of pulmonary irritability, that I was disqualified by it alike for action, or study, or conversation. That irritability, and a cough that was troublesome in the morning, continued till my return voyage. But in the course of that voyage my cough left me, my strength increased, and I hailed the sight of my native land with much of the joy of renovated health. For this great blessing, under the good providence of our Father, I felt, and shall ever strongly feel, my great obligations for the faithful and affectionate interest with which you watched over me through my long illness of the last spring, and summer, and autumn, and for the advice which led me to seek relief and comfort in a tropical winter. Nor have your professional attentions and kindness to me been those only of the past year. The spring of several successive years has been to me a season of great, and in some cases of dangerous illness ; and in each of these illnesses, you have been to me more than a mere physician. You have been to me as a friend and a brother. Without a thought of other remuneration than the gratification of relieving, and of raising me up, and of preparing me to resume the service from which I had been taken by disease, you were not less devoted to my recovery, than you would have been, even with the expectation of the greatest pecuniary compensation. I am glad, therefore, of an opportunity to acknowledge what I owe to you. But I would do more. It is indeed but little more that I can do. But I can give you the results of my observation and experience during the past winter, touching questions upon which each of us found it difficult to obtain much definite and satisfactory information ; yet of great interest to invalids who think of going to Santa Cruz for health. I can give you a copy of a thermometrical journal, which was kept with great care, and for the very purpose of giving you the most exact knowledge

of the winter temperature of that island. This, with some of the most important facts and suggestions, upon the topics most nearly concerning the comfort of a winter residence there, is the best return which I can now make to you. Allow me, however, first, in a very few words to give you the little I have gleaned of the history of this island; or rather, to give you the principal dates in its history.

Santa Cruz, or, as the island is also called, St. Croix, was discovered by Columbus on his second western voyage, on the 14th of November, 1493. The Caribs, its inhabitants, called it Ay-ay. Columbus anchored there to obtain water; and while his boat was returning from the shore, a skirmish took place with some of the natives, in which several of them were captured. These captives were carried to Spain. In 1625, the English and Dutch jointly took possession of the island, which was at that time uninhabited. In 1649, the Dutch were compelled to leave the island, having been driven from it by the superior force of the English. But the triumph of the conquerors was short. In 1650, twelve hundred Spaniards from Porto Rico made a descent upon them in the night, burned their habitations, massacred all whom they found under arms, and transported the remainder, with their wives and baggage, to the island of Bermuda. In 1651, the French, under De Vaugalan, obtained possession by the surrender of the Spaniards to his force. The island was then rich in forests. But these were set on fire by the new conquerors, and the conflagration, it is said, continued several months. But the grounds thus cleared were at once extensively cultivated, and are said to have been "incredibly fertile." In 1653, Louis XIV. transferred St. Croix, with St. Kitts, St. Bartholomews and St. Martins, to the Knights of Malta. In 1665, a newly formed West India Company purchased the island of the Order of Malta; and in 1674, this company having been dissolved by a royal edict, the island was again annexed to the French Crown. In 1696, the population is said to have been 147 whites, exclusive of women and children, and 623 blacks. But notwithstanding the extraordinary fertility of the land when the rains were sufficient, yet so frequent and destructive were the droughts at that time, that, at the last named date, the French settlers, having demolished their forts, abandoned the island, and removed to St. Domingo. In 1720 it was uninhabited. About that time, a project for its settlement was formed in England, which, however, was not carried into effect. It was visited by vessels from all nations, till, in 1727, the French captured seven English merchant vessels which were lying there, and took possession of the island. It continued to be the property of France till 1733, when it was sold to a company of merchants in Copenhagen, called the Guinea Company, for £30,750. The rights of this company were afterwards purchased by the King of Denmark. In 1754, the island was carefully surveyed, and divided into plantations, or oblong squares for plantations; each plantation measuring 3000 Danish feet in length, from N. N. West to S. S. East, and 2000 Danish feet in breadth, from E. N. East to W. S. West, and containing 150 acres of land, of 40,000 square feet to the acre. This division of the plantations is continued to this day. In 1801 it was taken by the British, but was

restored to Denmark after the possession of it for a few months. Again, in 1807, it was taken by the English, and was held by them till 1815, when it was again restored to the Danes; since which time St. Croix, St. Thomas and St. Johns, have been Danish colonies. Christianstøed, or Bassin, the principal town in St. Croix, and the seat of government, is situated in latitude $17^{\circ} 45' 11''$ and in $64^{\circ} 41' 57''$ longitude west of Greenwich. Another and smaller town, about fourteen miles from Bassin, is called West End, or Frederickstøed; and to this place principally have invalids hitherto resorted. The language of the Island is English. Its length is from 25 to 30 miles from east to west, and upon an average about 5 or 6 miles in breadth. The high grounds of the island, which make about a third part of it, and which stretch from north to south, are formed of innumerable small swells of land rising one above another, and are very beautiful; and especially as they are seen from shipboard, while sailing along the coast. The highest of them are from 12 to 1400 feet above the level of the sea.

I shall have occasion hereafter to speak of the mitigated form of slavery in the Danish Islands, and of the productions and interior condition of Santa Cruz. I will now, in the first place, give you my tables of its temperature, from the 7th of December, 1836, the day after my arrival there, to the 8th of May, 1837, the day on which I embarked for home.

DECEMBER, 1836.

	6 $\frac{1}{2}$ A. M.	9 A. M.	12.	3 P. M.	6 P. M.	9 P. M.	Daily variation.
7	78	79	80	79	77	77	3
8	76	79	80	80	77 $\frac{1}{2}$	78	4
9	75 $\frac{1}{2}$	75 $\frac{1}{2}$	75 $\frac{1}{2}$	76	75	75	1
10	73 $\frac{1}{4}$	76 $\frac{1}{2}$	79 $\frac{1}{2}$	79	77 $\frac{1}{2}$	76 $\frac{1}{2}$	5 $\frac{1}{4}$
11	74	78	78	76 $\frac{3}{4}$	76 $\frac{1}{2}$	76 $\frac{1}{2}$	4
12	75	75	79	79	77	76	4
13	72 $\frac{1}{2}$	76	77 $\frac{1}{2}$	76	76	75 $\frac{1}{2}$	5
14	74	76	76	76 $\frac{1}{2}$	74	75	2 $\frac{1}{2}$
15	73	76	78 $\frac{1}{4}$	78 $\frac{1}{2}$	76 $\frac{1}{2}$	75	5 $\frac{1}{4}$
16	73	78	80 $\frac{1}{2}$	80	77	76 $\frac{1}{2}$	7 $\frac{1}{2}$
17	75	78	80 $\frac{1}{2}$	80	78	77	5 $\frac{1}{2}$
18	78	79	81 $\frac{1}{2}$	80	77 $\frac{1}{2}$	76 $\frac{1}{2}$	3 $\frac{1}{2}$
19	76	77 $\frac{1}{2}$	79	79 $\frac{1}{2}$	77 $\frac{1}{2}$	78	3 $\frac{1}{2}$
20	75	76 $\frac{1}{2}$	79	79 $\frac{1}{2}$	77	76 $\frac{1}{2}$	4 $\frac{1}{2}$
21	75	77	80	79 $\frac{1}{2}$	77	76	5
22	75 $\frac{1}{2}$	77	78 $\frac{1}{2}$	78 $\frac{1}{2}$	76	74 $\frac{1}{2}$	4
23	72	76	78	76 $\frac{1}{2}$	74	74 $\frac{1}{2}$	6
24	73 $\frac{1}{2}$	76 $\frac{1}{2}$	78	77 $\frac{3}{4}$	76	73 $\frac{1}{2}$	4 $\frac{1}{2}$
25	73	76 $\frac{1}{4}$	76 $\frac{1}{4}$	76	73 $\frac{1}{2}$	73	3 $\frac{1}{4}$
26	73	76 $\frac{1}{4}$	77 $\frac{1}{2}$	76	74	73	4 $\frac{1}{2}$
27	73	74	74 $\frac{1}{2}$	76	75	74	3
28	73	76	78	77	75 $\frac{1}{2}$	74	5
29	72	74 $\frac{1}{2}$	76	77 $\frac{1}{2}$	76 $\frac{1}{2}$	74	5 $\frac{1}{2}$
30	70	73	75	76 $\frac{1}{4}$	74	73	6 $\frac{1}{4}$
31	73 $\frac{1}{2}$	75	76 $\frac{1}{4}$	76 $\frac{3}{4}$	75	74	3 $\frac{1}{4}$

Extremes of temperature in twenty-six days, 70, and 81 1-2.

Greatest variation on any day, 7 1-2 degrees. The least variation on any day, 1 degree.

The mean temperature of this month, 75 3-4 degrees.

Frequent small showers fell during this month, but no one which continued longer than from five to ten minutes. These showers came with short premonition of their approach; and great care was required, while taking a ride or drive, not to be wet by them.

JANUARY, 1837.

	6 $\frac{1}{2}$ A. M.	9 A. M.	12.	3 P. M.	5 P. M.	9 P. M.	Daily variation.
1	71 $\frac{1}{2}$	74 $\frac{1}{2}$	77	76 $\frac{1}{2}$	74	73	5 $\frac{1}{2}$
2	72	74 $\frac{1}{2}$	78	78	76	75	6
3	76	76 $\frac{1}{2}$	80	80 $\frac{1}{2}$	78	78	4 $\frac{1}{2}$
4	74	75	75 $\frac{1}{2}$	76 $\frac{1}{2}$	76	76	2 $\frac{1}{2}$
5	76 $\frac{1}{2}$	77 $\frac{1}{2}$	80	80	78 $\frac{3}{4}$	77 $\frac{1}{2}$	3 $\frac{1}{2}$
6	76	78 $\frac{1}{2}$	80 $\frac{1}{2}$	81	79	78	5
7	76	79	80	81	79	77	5
8	76	75	76 $\frac{1}{2}$	78	78	77	3
9	74	77	80	78	78	75 $\frac{1}{2}$	6
10	74	77	80 $\frac{1}{2}$	79	77 $\frac{1}{2}$	76	5
11	74	78 $\frac{1}{2}$	80	78 $\frac{1}{2}$	76	75 $\frac{1}{4}$	6
12	75	77	78 $\frac{1}{2}$	78 $\frac{1}{2}$	76 $\frac{1}{4}$	76	3 $\frac{1}{2}$
13	74	77 $\frac{1}{2}$	78 $\frac{1}{2}$	78 $\frac{1}{2}$	76	75	4 $\frac{1}{2}$
14	74	77	78	78 $\frac{1}{2}$	75	74 $\frac{1}{2}$	4 $\frac{1}{2}$
15	74	78	78 $\frac{1}{2}$	78 $\frac{1}{2}$	78 $\frac{1}{2}$	77	4 $\frac{1}{2}$
16	73 $\frac{1}{2}$	77 $\frac{1}{2}$	77 $\frac{1}{2}$	77 $\frac{1}{2}$	76	75	4 $\frac{1}{2}$
17	73	77 $\frac{1}{2}$	79	79	76	75	6
18	74	78	78	78	77	76 $\frac{1}{2}$	4
19	74	80	80 $\frac{1}{2}$	79 $\frac{1}{2}$	79	78	6 $\frac{1}{2}$
20	75	79	80	80	78	76	5
21	74 $\frac{3}{4}$	79	80	80	79	78	5 $\frac{1}{2}$
22	73	78	80 $\frac{1}{4}$	80 $\frac{1}{4}$	80	76	7 $\frac{1}{2}$
23	73	76	77	80	78	76	7
24	76	79	80 $\frac{1}{2}$	80	78	76	4 $\frac{1}{2}$
25	76	77	78 $\frac{1}{2}$	78	76 $\frac{1}{2}$	76	2 $\frac{1}{2}$
26	75 $\frac{1}{2}$	77	80 $\frac{1}{2}$	79 $\frac{3}{4}$	77	76	5
27	76	78	80 $\frac{1}{2}$	80	76	76 $\frac{1}{2}$	4 $\frac{1}{2}$
28	75 $\frac{1}{2}$	77	77 $\frac{1}{2}$	77	76	75 $\frac{1}{2}$	2
29	74 $\frac{1}{2}$	77	80 $\frac{3}{4}$	79	78	78	6 $\frac{1}{4}$
30	76	78 $\frac{1}{2}$	81 $\frac{3}{4}$	80	77	78	5 $\frac{1}{4}$
31	76	78	81	80 $\frac{1}{2}$	77	76	5

The extremes of temperature this month were 71 1-2, and 81 3-4.

The greatest variation of temperature on any day was 7 1-2 degrees. The smallest variation on any day was 2 1-2 degrees.

The mean temperature of the month was 76.

Frequent small showers occurred in this, as in the preceding month, but with less frequency at its close.

I passed the months of December and January at Frederickstad, or West End. During that time, I lived in No. 10 Strand Street, and my thermometer was suspended in the coolest part of the hall of that house. The house fronts west, and is open also to the east; and has a constant draft through its hall whenever the wind is favorable to a passage through it.

FEBRUARY, 1837.

	6 $\frac{1}{2}$ A. M.	9 A. M.	12.	3 P. M.	6 P. M.	9 P. M.	Daily variation.
1	77	79 $\frac{1}{2}$	82	81 $\frac{1}{2}$	76 $\frac{1}{2}$	76	6
2	74 $\frac{1}{2}$	78	81	79	76 $\frac{1}{2}$	76	6 $\frac{1}{2}$
3	75	78	81	79 $\frac{1}{2}$	76	76	6
4	75 $\frac{1}{2}$	77	77 $\frac{1}{2}$	79	76	76	3 $\frac{1}{2}$
5	74	77 $\frac{1}{2}$	78	79	76	76	5
6	74 $\frac{1}{2}$	78	81	80 $\frac{1}{2}$	78	76	6
7	74	77	80	79	78	76	6
8	74 $\frac{1}{2}$	77 $\frac{1}{2}$	80	77 $\frac{1}{2}$	77 $\frac{1}{2}$	74	5 $\frac{1}{2}$
9	74 $\frac{1}{2}$	78	81	80	78	76 $\frac{1}{2}$	6 $\frac{1}{2}$
10	75 $\frac{1}{2}$	78 $\frac{1}{2}$	81 $\frac{1}{2}$	81	78	76	6
11	75	77	80	78	76	75	5
12	74	78	81 $\frac{1}{2}$	79	77 $\frac{1}{2}$	76	6 $\frac{1}{2}$
13	75	78 $\frac{1}{2}$	81	81	78	75 $\frac{1}{2}$	6
14	75 $\frac{1}{2}$	76	79	74 $\frac{1}{2}$	74	73	3 $\frac{1}{2}$
15	74	76	79	76	75 $\frac{1}{2}$	76	5
16	74 $\frac{1}{2}$	78	79	78 $\frac{1}{2}$	75	75	4 $\frac{1}{2}$
17	76	78	80	80	77	76	4
18	75 $\frac{1}{2}$	78	80 $\frac{1}{4}$	79	77	75	4 $\frac{3}{4}$
19	74	79	79	78 $\frac{1}{4}$	74	73 $\frac{1}{2}$	5
20	74	77 $\frac{3}{4}$	79	79	77	74	5
21	74	73 $\frac{1}{2}$	76 $\frac{1}{2}$	76	77	75	3
22	73	75	79	79 $\frac{1}{2}$	76	74	6 $\frac{1}{2}$
23	73	79	80 $\frac{1}{2}$	80	76	76	7 $\frac{1}{2}$
24	73 $\frac{1}{2}$	76	80	81	76 $\frac{1}{2}$	75	7 $\frac{1}{2}$
25	73 $\frac{1}{2}$	79 $\frac{1}{2}$	81 $\frac{1}{2}$	78	76	75 $\frac{1}{2}$	8
26	74	79	81 $\frac{1}{2}$	82	76 $\frac{1}{2}$	75	8
27	74	78	80	78 $\frac{1}{2}$	76	75	6
28	74	77 $\frac{1}{2}$	80	77 $\frac{1}{2}$	76	74	6

On the 1st day of this month I removed to Bassin, the Eastern town of this island; and, till the 22d of the month, lived in a house there upon elevated ground. I thought the air of Bassin drier, and more grateful to the feelings, than that of West End. On the 22d I removed to the Pearl estate, a bleak and almost altogether comfortless situation. There I remained three weeks, and in that time lost more strength than I had gained in the preceding six or eight weeks.

The extremes of temperature this month were 73, and 82.

The greatest variation of temperature on any day was 8 degrees. The smallest was 3 degrees.

The mean temperature of the month was 77 1-2 degrees.

There were two short but heavy showers in this month; one on the 8th, and the other on the 14th. Otherwise the weather was clear and very beautiful.

MARCH, 1837.

	6 $\frac{1}{2}$ A. M.	9 A. M.	12.	3 P. M.	6 P. M.	9 P. M.	Daily variation.
1	74	80	80 $\frac{1}{2}$	80	77	75	6 $\frac{1}{2}$
2	74	76 $\frac{3}{4}$	79	78	75 $\frac{1}{2}$	74	5
3	72	77 $\frac{1}{2}$	80	79 $\frac{1}{2}$	75	74	8
4	73	78 $\frac{1}{2}$	80	79 $\frac{1}{2}$	76	74	7
5	72 $\frac{1}{2}$	78 $\frac{1}{2}$	80	80	76	75	7 $\frac{1}{2}$
6	73	75	79	79	76	74	6
7	71	75	77 $\frac{1}{2}$	76 $\frac{1}{2}$	73 $\frac{1}{2}$	72 $\frac{1}{2}$	6 $\frac{1}{2}$
8	70	74	77	76	73 $\frac{1}{2}$	72	7
9	68 $\frac{1}{2}$	74	78	77	75	72	9 $\frac{1}{2}$
10	71	74	77	76	74	74	6
11	72	77	77 $\frac{1}{2}$	80	76	74	8
12	72	75	77	77 $\frac{1}{2}$	75	74	5 $\frac{1}{2}$
13	71 $\frac{1}{2}$	75	79	78	74	73	7 $\frac{1}{2}$
14	71 $\frac{1}{2}$	74	74 $\frac{1}{2}$	75	74	74	3 $\frac{1}{2}$
15	74	76	77	78	76	75	4
16	74	75	76	77	76	74 $\frac{1}{2}$	3
17	74	78	80 $\frac{1}{2}$	80	78	76	6 $\frac{1}{2}$
18	76	79	79	78 $\frac{1}{2}$	77	76	3
19	74	76	76 $\frac{1}{2}$	76 $\frac{1}{2}$	75	75	2 $\frac{1}{2}$
20	75	75 $\frac{1}{2}$	76	77	76	75	2
21	74	76	77 $\frac{1}{2}$	79 $\frac{1}{2}$	75	74	5 $\frac{1}{2}$
22	74	76	79	78	75	73	6
23	70 $\frac{1}{2}$	77	77	76	74 $\frac{1}{2}$	74	6 $\frac{1}{2}$
24	67 $\frac{1}{2}$	78	82	78 $\frac{1}{2}$	76	74	14 $\frac{1}{2}$
25	72	77	80	78	76	74 $\frac{1}{2}$	8
26	74	78	78	78	75 $\frac{1}{2}$	74	4
27	73 $\frac{1}{2}$	79 $\frac{1}{2}$	79	78 $\frac{1}{2}$	76 $\frac{1}{2}$	76	5 $\frac{1}{2}$
28	76	80	82	81 $\frac{1}{2}$	77	77	6
29	77	82	84 $\frac{1}{2}$	83 $\frac{1}{2}$	80	79	7 $\frac{1}{2}$
30	79	80	84	78	76 $\frac{1}{2}$	75	9
31	75 $\frac{1}{2}$	76	77	77	75	74	3

A cold northerly wind prevailed from about the 7th, to the 21st of this month. On the 30th there was a heavy rain, which continued to fall for three hours. Perhaps not a sixth part so much had fallen in the preceding four months.

On the 14th of this month I returned to the house, in Bassin, which I had left three weeks before.

The extremes of temperature this month were 67 1-2, and 84 1-2.

The greatest variation of temperature on any day was 14 1-2 degrees. The smallest variation was 2 degrees.

The mean temperature of the month was 74.

APRIL, 1837.

	6 $\frac{1}{2}$ A. M.	9 A. M.	12.	3 P. M.	6 P. M.	9 P. M.	Daily variation.
1	74	77 $\frac{1}{2}$	78	77	74	73	5
2	76	79	78	78	76 $\frac{1}{2}$	74 $\frac{1}{2}$	4 $\frac{1}{2}$
3	75 $\frac{1}{2}$	79 $\frac{1}{2}$	81	79	76	75	6
4	75 $\frac{1}{2}$	78 $\frac{1}{2}$	80	80	77	76	4 $\frac{1}{2}$
5	78	83	85	85	80	78	7
6	77	78	78	81	78 $\frac{1}{2}$	76 $\frac{1}{2}$	4 $\frac{1}{2}$
7	76 $\frac{1}{2}$	79	80	79	78	77	3 $\frac{1}{2}$
8	77	79	81	83	79	78	6
9	79 $\frac{1}{2}$	83	84	85	80	78	7
10	78	80	83	83	81	79	5
11	77 $\frac{1}{2}$	81 $\frac{1}{2}$	81	80	78	78	3 $\frac{1}{2}$
12	78	80	80	80	78 $\frac{1}{2}$	78 $\frac{1}{2}$	2
13	76	79	78	79	78	77	3
14	77	82	82	82 $\frac{1}{2}$	80 $\frac{1}{2}$	78 $\frac{1}{2}$	5 $\frac{1}{2}$
15	78	83	84	83	81	79 $\frac{1}{2}$	6
16	79 $\frac{1}{2}$	81 $\frac{1}{2}$	84	84	81	79	5
17	78	80	83 $\frac{1}{2}$	81 $\frac{1}{2}$	80	79	5 $\frac{1}{2}$
18	78 $\frac{1}{2}$	81 $\frac{1}{2}$	83	82	80	79	5 $\frac{1}{2}$
19	78	80	82	82	80	78	4
20	77	82	83	81	80	78	6
21	77	79 $\frac{1}{2}$	80	79	79 $\frac{1}{2}$	80	3
22	78 $\frac{1}{2}$	81	80	80	79	78	3
23	77	80	80	80	79	78	3
24	78 $\frac{1}{2}$	81	81	80	80 $\frac{1}{2}$	78 $\frac{1}{2}$	2 $\frac{1}{2}$
25	79 $\frac{1}{2}$	83 $\frac{1}{2}$	83	83	80	77	6
26	76	82	83 $\frac{1}{2}$	82	80	78	7 $\frac{1}{2}$
27	78	83	84	83	81	78 $\frac{1}{2}$	6
28	78	81	84	82	78	79 $\frac{1}{2}$	6
29	77	79 $\frac{1}{2}$	80	80	79	78 $\frac{1}{2}$	3
30	76 $\frac{1}{2}$	80	84	82	80	77	7 $\frac{1}{2}$

On the 25th of this month I left Bassin, and returned to West End. At the time of leaving Bassin, the country around it had the appearance of almost utter sterility. The eanes were yellow from exhaustion of their moisture, the grass was nearly burnt up, and a number of cattle had died from want of water. At West End we found a beautiful verdure, for frequent small showers had fallen there. But the air had become unelastic, and we all withered under its influence.

The extremes of temperature this month were 73, and 85.

The greatest variation of temperature on any day was 7 1-2. The least variation, 2.

The mean temperature of this month was 76.

MAY, 1837.

	6 $\frac{1}{2}$ A. M.	9 A. M.	12.	3 P. M.	6 P. M.	9 P. M.	Daily variation.
1	78	82	84	82	79	78	6
2	77	82	84	81 $\frac{1}{2}$	79	77 $\frac{1}{2}$	7
3	78	81	82	81 $\frac{1}{2}$	80	77	5
4	78	81	82	81	79	77	5
5	76	84	85	83 $\frac{1}{2}$	80	78	9
6	76	82	82	82	80	77	6
7	76	82	83	82	79	77	7

The extremes of temperature in the first week in May were 76, and 85.

The greatest variation of temperature on any day was 9, and the least variation 5 degrees.

The mean temperature of this week was 80 1-2.

I have not sufficient knowledge of the temperature of the tropical regions, to be able to compare that of Santa Cruz with the temperature of other places in those regions. Of the equability of that of Santa Cruz I need say nothing. The preceding tables will show, that, compared with our own, it is very remarkable. It is, however, worthy of observation, that very small changes, as indicated by the thermometer—for example, of three, four or five degrees—are scarcely less felt, and occasion a scarcely less uncomfortable state of feeling, than changes of eight, ten, or fifteen degrees in our own climate. When the wind comes from the south east, the temperature is as delightful as can be conceived. This is the Trade Wind. But the wind is hardly less variable there, than here. From the east it is even pleasant, and occasions no chill. But when it comes from the north, it is little less uncomfortable than is an east wind with us in July or August. Nor does it unfrequently blow from the north. Nor, when from this direction, is it less disagreeable to those who have been long in the island, and to creoles, than to strangers and invalids. Yet not much will be suffered from it by those who shall be willing, during its continuance, to keep within their rooms, or to make the small change which shall be required in their dress. I had a long and full calico dressing gown, which I was accustomed, when I felt any unpleasant coolness in the atmosphere, to throw over my shoulders; and, wrapped in this gown, I was at once made comfortable after having felt the chill of a northerly wind. This gown, I may here also remark, was of great use to me when I came in heated by a walk, or a ride. I used it altogether as a cloak, and gradually cooled myself within it. The temperature of the night is, I believe, seldom below 70, except, perhaps, at an hour before day. I know not that I ever felt the warmth to be so great as to interrupt sleep. I always slept with a window partly open, taking care that there should not be a current of air over the bed; and, except at the approach of morning, I seldom wanted any more covering when in bed, than a single sheet. I would, however, advise an invalid to carry there a piece of carpet, to be laid by his bedside. He will find it difficult to obtain one there, and it will add much to his comfort as a protection from a cold floor. One of the oldest and most intelligent men in the island told me, that he had never known the mercury in the thermometer to be below 68 in February, nor above 92 in August. He had, however, al-

ways lived in the town. On the high grounds in the country it fell several times within the past winter, a short time before day, as low as 65. The barometer never varies more than from one to three lines, except in the hurricane months. These months extend from the 25th of July to the 25th of October. Then the fall in the barometer, immediately preceding a hurricane, may be fifteen lines in as many minutes.

It is common to speak of the hurricane months in a manner which intimates, that during these months, there is a constant exposure to successive hurricanes. The fact, however, is far otherwise. There is seldom more than one hurricane within the hurricane season; and the year 1835 passed without one. Yet this is a visitation always looked for during the above named term; and bars and cords are then kept in constant readiness, for the security of windows and doors. A hurricane seldom lasts longer than six hours. Yet within this space, it can produce wide spread and terrible desolation. It has, to a great extent, denuded Santa Cruz of its trees; and is the principal cause to which is ascribed the small quantity of fruit, compared with that which a stranger would have expected to have found there.

In view of the temperature of this island, it will be perceived that the change is a very great one which is made by going there from any part of New England, either in November, or in one of our winter months; and no one, and especially no invalid, should make this change, who shall not previously have resolved that he will faithfully conform to the new conditions of life and comfort under which he will there find himself. One of these conditions, and a very important one, is, that he should neither too suddenly, nor to too great an extent, make a change of his clothing there. For example, in embarking for Santa Cruz, we leave a cold, and it may be a winter climate, in which we have worn winter garments, and perhaps have been in the daily enjoyment of a generous winter fire. Nor, till we shall have reached the latitude of 35, or perhaps of 30, shall we begin to feel the softened atmosphere of a southern sky. Not only an invalid, therefore, but even a healthy man, will of course continue to wear his winter garments during half, or it may be, more than half of his voyage. But in his way from the latitude of 30, to 20, and to 17, the latitude of St. Croix, every day and hour will bring him nearer to the warmth of midsummer at home. The heat, not only at midday, but in his state-room at night, may be very oppressive. A very considerable change of dress, under these circumstances, may be safely made by the healthy and vigorous. But it is not so with an invalid. Neither on shipboard nor on shore, will he be safe from the influence of changes of temperature, should he wear a coat or pantaloons lighter than of thin kersinere, or of thin woolen of some sort. Nor should he in any case cast aside his flannel waistcoat, except at night, when indeed it should never be worn. He may substitute a new and thin, for an old and thickened flannel; and, should he find the heat enfeebling, cotton drawers may be substituted for flannel. But even this change should be cautiously made. Thin worsted socks also will now be found more comfortable than cotton; and shoes should be worn of a sufficient thickness to secure the wearer from feeling the

cold damp of the ground, should he at any time find it necessary to walk over such ground. The thin summer boots which are worn here will indeed be found preferable to shoes, especially as a protection against the stings of mosquitoes, to which every day and everywhere there will be more or less exposure. On this topic I need only add, that the common hat of the West Indies is the Panama hat. But it is uncomfortably heavy. A broad-brimmed, and light white beaver, or wool hat, will be found far more agreeable. The roads in the country, and the streets at West End, are covered with marl, which gives a painful brilliancy to the light. Not only, therefore, will a broad brim to the hat be found a great convenience, as a protection of the eyes, but I would advise every one who shall go there to carry with him spectacles with colored glass, and a light umbrella to be used as a parasol. This parasol will be far more frequently needed, than a larger and heavier umbrella for protection against the rain. I give you this detail, because the particulars comprehended in it were daily forced upon my attention, by the observation and experience of the last winter. A cold may be taken in an hour, as well as in a day; and a large proportion of the colds, from which have resulted the diseases which have terminated in death, have been from short exposures, and might have been avoided by a proper attention to clothing with respect to the exigency of the time.

[To be continued.]

A SINGULAR CASE.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. F. was confined, with her first child, in March, 1835. Nothing uncommon occurred during labor. After the delivery of the secundines, hæmorrhage commenced. Dr. K., her accoucheur, employed such remedies as were at hand, and among others, the tampon. The hæmorrhage subsided, and Dr. K., being called to another patient, left her, with directions to keep her cool and quiet. The doctor returned in a few hours; found her in considerable pain, but no hæmorrhage; directed an anodyne, elix. paregoric, and requested Mrs. S., the mother of the patient, to remove the cloths in the morning. The following day the Dr. called, and made inquiry of Mrs. S. whether she had done as directed. She replied, "I removed all I could find." She had at this time considerable pain, for which an anodyne was prescribed. In a few days from the time of her accouchment the lochia became rather profuse and quite fœtid. She continued in this condition four or five weeks, with the lochia increasing in quantity and fœtor. She was unable to leave her bed, and it was thought best to have counsel. Dr. W., an aged physician of respectability and much experience, met Dr. K. Dr. W. made inquiries in relation to her labor and condition up to the time, and inquired in regard to the uterus, whether *all was right*. Dr. K. replied in the affirmative. Dr. W. did not make any examination per vaginam—thought it not necessary, from the representations made him by Dr. K. Some little change in the constitutional remedies was the

result of the consultation. She improved somewhat in strength under treatment, and after a short time was able to leave her bed, but could not sit down, and could walk only when the perineum was sustained by the hand, as the weight and pressure of *something* hurt her very considerably. She contrived a suspensory bandage, which added much to her comfort, although the continual discharge made it uncomfortable to wear. At this time the discharge from the vagina was profuse and intolerably fœtid.

At the expiration of some four months, her sufferings being very severe, she concluded to have still further advice. Dr. McG. was called, who met Dr. K. An examination was had. They found something low in the vagina, around which, Dr. McG. remarked, he could pass his finger; that whatever it should prove to be, it was tender to the touch, or that an examination, on account of the increased sensibility of the parts, was painful. They did not, however, arrive at any definite conclusion as regarded the pathology of her case, but concluded to have another consultation the next week, which, however, did not take place. About this time she commenced using injections, with the view of keeping the parts clean, and thus obviating fœtor.

She passed along without any favorable change until another four months had expired, alike offensive to herself and to all about her, suffering not only from the stench, but from pain and the excoriating effects of the discharge, bandage, &c., until her sufferings became absolutely insupportable. She concluded to make one more effort to obtain relief, and sent for Dr. H., who visited her, made an examination, called her difficulty a retroversion of the uterus, directed injections of a solution of creosote, and left her. The directions of Dr. H. gave her no relief, and she gave up all idea of again being restored to health. From time to time, when she had felt more than usual the "falling down," as she called it, she had, as well as she could, endeavored to see what it was that troubled her so much, and had remarked, through her mother, to Dr. K., that it looked like coarse threads passing over each other. The doctor said it might be the vessels of the womb enlarged.

Thus she suffered from week to week, and from month to month, without any alleviation, until about the middle of the month of April, 1836. In one of her examinations at this time, she found the appearance and color of the *thing* had changed, and become quite dark. She made up her mind fully that the womb was mortified, and thought, as a matter of course, that she must die. She called some of her female friends, stated to them her fears, and asked their advice. They decided upon an autopsical examination. They found something of a dark color low in the vagina, and from it hung some shreds, looking like decayed animal matter. These they carefully detached, and on a minute inspection concluded they were composed of materials with which they were better acquainted than they were with the tissues of the human system, even *linen threads*. Dr. K. was immediately sent for. He came, and removed from the vagina the one half of a coarse linen pillow case, which he had thirteen months before placed there in the shape of a tampon. The offensive discharge immediately ceased, her health and

strength returned rapidly, and in a short time she was well, and, I may now add, has borne twins.

These facts (for facts they are) require at my hands no comment. If the circumstances here related will serve to impress more strongly upon the mind of the young practitioner the importance of removing the tampon when it may have been judiciously applied, and of care in making examinations per vaginam, the reporter of this case will feel himself abundantly rewarded.

Should the tampon ever be applied after delivery at the full period of utero-gestation?

ELLIOT.

Cayuga Co., N. Y., June, 1837.

CASE OF DRY GANGRENE SUCCESSFULLY TREATED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have drawn up a sketch of a case of *gangrena necrosis* of Good, which, if you think worthy an insertion in your Journal, I shall not think my labor is spent for naught.

Mrs. G., an Irish woman, was delivered of a female infant at the Lying-in Hospital, Boston, according to her statement, Nov. 26, 1836. The child did well and evinced every mark of health up to the 14th or 15th of Feb., 1837, when at night the mother noticed the following symptoms: vomiting, restlessness, jactitation, thirst, heat of the skin, &c. These symptoms continued, and the next day two or more livid spots were noticed on the nates, nearly the size of the adult finger nail. The skin by this time began to shrink, became livid, dry and dusky. The eyes presented a peculiar appearance, being partly rolled up in their sockets. They had the appearance of great distress of body and mind, and seemed to sparkle with brightness; projecting, as it were, from their orbits, it seemed as if they would fly from the head of the little sufferer.

These symptoms continued, with little or no mitigation, but with an addition of many others, till Feb. 28th, when I was called to see it. I found it struggling in agony. All the symptoms above named were present, and others, as screaming, clonic spasms and sloughing of the nates. The pulse were quick, so much so that it was not easy to count them. The skin was shrivelled, livid, very dry and inelastic. There was much emaciation, the patient appearing to be little else than "skin and bone." More than one third of the flesh of the nates had been thrown off, leaving a surface very tender to the touch, red and bleeding. On the right natis, was a piece of deadened flesh, as large, upon the exterior surface, as the three principal fingers of the adult hand. It was black, dry, and hard as wood. The surrounding parts were emaciated and withered, evidently showing that the animal oil, flesh and fluids, were absorbed; "*munniæ instar pars affecta.*"—Prof. Frank. Its appetite was morbidly keen; it would take almost anything into the stomach, but would immediately reject it. This had been a uniform symptom, according to the statement of the mother.

Upon a close examination, I thought the natural indication was a

want of vitality in the parts affected. I prescribed a poultice to be made of the settlings of beer and Indian meal, to be applied to the surfaces of the disorganized parts, and a half grain of opium to be given every six hours unless the vomiting abated. I directed the mother to let it nurse what it would take. I called the next day, and the symptoms were somewhat relieved. The child had rested some in the night, and the vomiting was less urgent. I directed a poultice to be applied every night, and the opiate as before, to be continued three or four days. My object was to put the functions under the influence of opium, so far as possible and not produce narcotic effects on the brain. At the expiration of this time I saw it; the disorganizing process had stopped, and granulations had commenced. At some points there was an excess, and I used the caustic to take them down. I raised the dead substance from the natis. It extended beneath nearly to the sacrum, in the central point, and the line of demarkation was very distinct between the mortified part and the more healthy. It left an irritable surface, from which oozed a very little blood. I stopped the use of the poultice, and ordered dressings of lint and simple cerate for the local treatment, and opiates to be continued as often as one in six hours, unless quiet with less. I continued this treatment for a week, with little variation, when the constitutional symptoms were evidently relieved, and the healing process was fully established. The stomach being still irritable, it eructated the medicine and nearly everything else, so that it was impossible to produce perfect quietude of the functions by this treatment. However, concluding it as good as any I could devise, I continued it.

In two weeks the symptoms were considerably mitigated; the stomach less irritable, the spasms of the muscular system less urgent, the aspect of the eye less strained and wild; the healing of the parts was going on, but slowly. The bowels had become tight, for which *oleum ricini* was used. The patient had at this time much sweating most of the time, and particularly nights. This symptom was successfully treated with the acid sulph. arom. dil. v. gtts. given at night in a spoonful of water. The bowels became more regular, and the patient continued to improve, slowly but steadily, under this treatment, with very little variation, up to the 20th of June, when the skin of the nates was considerably well organized. The functions were pretty well restored to healthy action, and the child bright and lively. Having some reason to suppose the milk of the mother contained properties which had an effect to keep up the disease, I advised her to take it from the breast and put it upon a diet of cow's milk, which was complied with, and the patient will probably do well.

Respectfully yours, &c.

Lowell, June 27th, 1837.

MOODY MANSUR.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 12, 1837.

DISEASES OF THE KNEE-JOINT.*

THE author of the last annual discourse before the Massachusetts Medical Society, being strictly a matter of fact man, instead of attempting to surprise the audience with poetical images, addressed himself to plain practical men on a topic that could not be otherwise than interesting. Practitioners find themselves obliged, from motives of interest, were they under no moral obligations to society, to study the nature of diseases, and therefore avail themselves of every opportunity of acquiring information from those whose sphere of action has been equal to their skill and ambition. Dr. Hayward's diligent course in the field of clinical surgery led the fellows of the Society whom he was selected to address, to expect something of real utility. In this they were not disappointed. Here is a treatise on the various diseases of one of the most essential articulations of the body, all compressed into the narrow limits of twenty-eight pages. It would be delightful, in after years, to discover this to be merely a chapter of some great quarto, even now in embryo, which is to be a memorial of the author's labors in operative surgery. The lament that our surgeons are all cutters, instead of writers, is not peculiar to this office. However, a redeeming spirit seems to be abroad. Since the publication of Dr. Warren's splendid work, a new impulse, at least, has been manifested, and things may yet wear a still brighter aspect.

The narrow limits to which we are confined, preclude the possibility of extracting from this discourse, in the order which would be desirable. Here and there, only, a paragraph can be taken by way of specimen. The following might be committed to memory, to good profit.

"Of inflammation of the synovial membrane.—The synovial membrane, which forms the lining of the interior of the joints, has a close resemblance to the serous membranes. It differs from them, however, slightly in its functions; its office being to secrete the synovia, a fluid which is similar to serum, but which contains more albumen.

"The synovial membrane is the frequent seat of acute inflammation. It arises sometimes from accidents, sometimes from exposure to cold, and occasionally it comes on without any assignable cause. It is most often met with in those joints that are least protected by the soft parts; and, consequently, it is supposed, that changes of temperature have no small degree of influence in its production. It varies very much in intensity. In severe cases, it is attended with great pain at its commencement, and the general system is much affected, the appetite being impaired or altogether lost, the secretions diminished, and the circulating system highly excited. It is most common in adults, and rarely occurs spontaneously in young children.

* A Discourse on some of the Diseases of the Knee-joint; delivered before the Massachusetts Medical Society, at their annual meeting, May 31, 1837. By George Hayward, M.D., Prof. of the Principles of Surgery, and of Clinical Surgery, in Harvard University, and Surgeon to the Massachusetts General Hospital.

"When the whole or the greater part of the synovial membrane is inflamed from the beginning of the attack, the pain is felt throughout the joint, and swelling comes on almost immediately. But when the inflammation is confined, at the onset, as it often is, to one part of the membrane, the pain is also limited to that spot, but extends with the disease, which usually involves the whole articulation. In this case, the swelling is not discoverable at first.

"There is something peculiar about the swelling. The whole joint is not swollen in the beginning; the enlargement is perceptible only in certain parts, as it arises, in the early stages, from an increased secretion of synovia, which distends the ligaments. It is, consequently, most apparent on the anterior and lower part of the thigh, under the extensor muscles, and on each side of the ligament of the patella. At this period a fluctuation can usually be perceived; but if the disease continues, the ligaments become so much thickened by the deposition of fibrin, that it cannot be detected, and the form of the swelling is also changed.

"If the inflammation be severe, the integuments are discolored at an early period; but it is no unusual thing, to see this discoloration limited to a part of the joint, and not extending over the whole of it, till the disease has continued for some days. In fact, I have seen some cases, and those not of a very mild character, in which there was only a slight redness on a circumscribed spot during the whole course of the affection. The color is somewhat peculiar, resembling the blush of red that is seen in the beginning of erysipelatous inflammation."

The treatment embraces, we have reasons for believing, the practice of the Mass. Gen. Hospital in such cases.

"The treatment of acute synovial inflammation is principally local. Though entire rest of the limb is very important, it is hardly necessary to direct it, as motion gives so much pain that the patient has no disposition to move it.

"Topical bleeding and cold lotions are among the most powerful means of preventing suppuration; but if, notwithstanding their use, this takes place, warm poultices and fomentations must be substituted for them. In severe cases, general bloodletting is sometimes necessary; and in every case, purgatives are useful, and a mild, liquid diet, small in quantity, and slightly nutritious, is the best, as well as the most agreeable. Counter-irritation should be used, if the swelling continues after the active inflammation is subdued."

Again, in an advanced stage of the disease, Dr. Hayward goes on to say, "Among the most important applications are a mixture of olive oil and sulphuric acid, the tartar emetic ointment, and the ammoniated liniment with the tincture of cantharides. In those cases in which there is reason to think that the patient is affected with scrofula, some preparation of iodine combined with simple cerate may be advantageously employed; either iodine itself, or the hydriodate of soda or potash."

Next, *morbid changes of structure of the synovial membrane; ulcerations of the cartilages; and the diseases of the articulating surfaces of the bones of the knee-joint*, are each considered in detail, but, to our regret, there is no room for introducing further extracts at present. Young surgeons, especially, would be much profited by a careful study of this dissertation. As the members of the Society are doubtless in possession of the printed copy, it would be supererogation to urge its claims here.

Dr. Charles Caldwell.—At the expiration of three months, we are able to lay before our readers the report of the Board of Trustees of the Transylvania University, by which Charles Caldwell, M.D., Prof. of the Institutes of Medicine, Clinical Practice, and Medical Jurisprudence, in that institution, was removed from a chair in which he has heretofore taught with distinguished ability and success. No person acquainted with this gentleman can doubt his intellectual strength, nor call in question his qualifications to sustain himself in any department in which he might have been placed. It is peculiarly unfortunate, that in his old age Dr. Caldwell should have pursued the course which this manifesto represents, alike disreputable to himself and vexatious to the institution. It is our fervent desire that the storm which has been a long time raging, may subside into a peaceful calm, and the belligerent parties forget their animosities in a returning spirit of kindness and mutual forbearance.

“Whereas sundry charges have been filed by Benjamin W. Dudley, professor of anatomy and surgery in Transylvania University, against Charles Caldwell, M.D., professor of the institutes of medicine, clinical surgery and medical jurisprudence in said University, alleging against said Caldwell acts and conduct inconsistent with the duty of said professor to the medical class and to this board, and with being the author of a certain libellous and scandalous publication in a public newspaper called the Louisville Journal, relative to the said Prof. Dudley, calculated not only to excite heat and animosity among the medical professors and their classes, but to bring discredit and ruin upon the Medical Department of the University;—and, notwithstanding this board has given the said Caldwell notice that it would convene on Thursday last to consider of said charges, and have caused him to be served with a copy of said charges, and have remained in session over three days to receive said Caldwell's response or plea to said charges, he, the said Caldwell, hath altogether failed to give to this board his personal attendance—or in any sense to respond to the charges; And whereas, it appears to the satisfaction of this board, that the said Caldwell is now, and *has been* for several months, actively engaged in depreciating the Medical School of Transylvania, and in causing to be erected at the city of Louisville, a rival institution; and that he has in violation of his duty, availed himself of his situation of professor, to impress it upon the minds of the late attending class, that he was unable to do justice to the class owing to the location of the medical college at Lexington;—And whereas the said Charles Caldwell did further avail himself of his situation as professor in his valedictory address to the said late attending class, in the presence of the Board of Trustees assembled to confer the degrees on the graduates of said class, to assail the said Professor Dudley by insiduously pretending to give to the said class a definition of lying and falsehood, *intended by him* to be applied by the class, and all others, to the controversy with the said Dudley, in contempt of this board, and highly unworthy the grave occasion, and the standing and condition of a professor in Transylvania; And whereas, it manifestly appears to this board, that the conduct of the said Caldwell has been, for months past, derogatory to his standing as a member of the faculty, and injurious to the University, so much so, that this Board considers it to be their duty to remove the said professor, *Charles Caldwell, M.D. from his professorship, and to dismiss him from all connection with Transylvania University*, this board does hereby remove and dismiss the said Charles Caldwell accordingly.”

Officers of the Rhode Island Medical Society.—Usher Parsons, *President*; William Turner, *1st Vice President*; Ezekiel Fowler, *2d Vice President*; Johnson Gardner, *Rec'g Secretary*; Thomas H. Webb, *Ceres. Secretary*; David King, *Librarian and Cabinet Keeper* of the Southern District; Isaac Hartshorn, *Librarian and Cabinet Keeper* of the Northern District.

CENSORS.—*Southern District.*—1st. Theophilus C. Dunn, of Newport; 2d. Jabez Holmes, of Bristol; 3d. James Turner, of Newport; 4th. Peleg Johnson, of Kingston.

Northern District.—1st. Richmond Brownell, of Providence; 2d. Geo. Capron, of do.; 3d. L. L. Miller, of do.; 4th. Jeremiah Williams, of Warren.

Drs. Christopher G. Perry and O. C. Turner, of Newport, were, on recommendation of the Board of Censors, unanimously elected Fellows.

Ergot of Rye.—Several cases are mentioned in the London Lancet, in which the secale cornutum produced uterine contractions in less than fifteen minutes after its administration. Mr. Bradley, of London, thinks the best mode of preparing the decoction is to grind it in a mill with a little lump sugar, and then boil it in a pan.

Carburetted Hydrogen Gas in Phthisis.—Dr. W. R. Clanny, an English practitioner, has been using, he thinks with success, the carburetted hydrogen gas by inhalation, in a case of marked phthisis pulmonalis. He made use of the common street coal gas, freed from ammoniacal substances by careful ablution in cold water.

Dr. Sigmond, of London, has been elected an Honorary Fellow of the Medical Society of Stockholm, in token of the high sense entertained by the members of that institution of the value of his labors in the promotion of the science of materia medica, a vacancy having arisen amongst the honorary Fellows by the death of Professor Geiger.—*London Lancet*.

Sudden expansion of the Heart.—In those cases in which death ensues from the introduction of air into the veins, I have myself witnessed, when attending Magendie's experiments at Paris, the animal to drop dead as if struck by lightning; dissection showed us the heart so distended with air as to entirely fill the pericardium. This is a highly interesting fact, as showing how one effect may be produced on an organ by two diametrically opposed causes—sudden deaths by its compression and by its dilatation.—*Mr. C. Lees. Dublin Journal, May.*

Injuries to the Heart without external marks.—In the last siege of Antwerp by the French, some remarkable cases occurred in which the heart was severely contused, and ruptured, without any external appearances of injury, either to the integuments or ribs; in these cases the death, in some instances instantaneous, was supposed to have been caused by the wind of the bullet. In some of the cases mentioned, a violent acute pneumonia supervened; in others, death followed from an effusion of blood into the cavity of the pleura.—*Ibid.*

TO CORRESPONDENTS.—Dr. Fish's reply to Dr. Goulding, and Dr. Fuller's remarks on wounds of the rectum, are on file.

DIED.—At West Point, N. Y., William Fraser, M.D., late of Darien, Geo.—At Vicksburg, of paralysis, Dr. James Crump, formerly of Fredericksburg, Va.—At Marlboro', Mass., Dr. Daniel Brigham, 77.—At Portland, Me. Dr. Aaron Porter, 85.

Whole number of deaths in Boston, for the week ending July 8, 41. Males, 20—Females, 21.

Consumption, 3—dropsy in the head, 2—malignant tumor of the glands, 1—fits, 3—hooping cough, 4—drowned, 2—smallpox, 2—convulsions, 2—apoplexy, 2—disease of the heart, 1—inflammation of the liver, 1—typhus fever, 1—disease of the brain, 2—inflammation of the lungs, 1—spasms, 1—insane, 1—stillborn, 1.

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season. Fees.

Anatomy, and the Operations of Surgery, by JOHN C. WARREN, M.D. \$15

Chemistry, by JOHN W. WEBSTER, M.D. 15

Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D. 10

Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D. 10

Principles of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D. 10

Theory and Practice of Physic, by JOHN WARE, M.D. 15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,

Boston, July 5, 1837.

t Nov. 1.

Dean of the Faculty of Medicine.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me.; JOSEPH BALCH, JR. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn. May 10—6m

NEW MEDICAL BOOKS.

WILLIAM D. TICKNOR, *Medical Bookseller*, corner of Washington and School streets, has just received, Surgical Observations on Tumors, with Cases and Operations; illustrated with many colored engravings. By John C. Warren, M.D. Price \$4.50.

A Treatise on the Malformations, Injuries and Diseases of the Rectum and Anus; illustrated with plates. By George Bushe, M.D. Price \$3.25.

Also as above, may be found, a very complete assortment of Medical Books, which will be sold on the most reasonable terms.

June 14.

NEW ENGLAND JOURNAL OF MEDICINE AND SURGERY, and the collateral branches of Science, conducted by a number of Physicians—from 1812 to 1827, 16 vols. half bound. This valuable work is now nearly out of print. One set for sale, at a low price, if applied for soon, to

W. D. TICKNOR,

June 21.

Medical Bookseller, corner of Washington and School Sts.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, JULY 19, 1837.

[NO. 24.]

OBSERVATIONS ON THE CLIMATE, &c. OF SANTA CRUZ.

[Continued from page 364.]

ANOTHER, and not less important topic of caution, is exercise. It is not the least interesting of the objects for which an invalid leaves home for a warmer climate, that he hopes there freely to go abroad, and to see a softer sky than his own, and to breathe a milder air; and in a walk, or a ride, or a drive, to enjoy the beauty of a tropical verdure; and, under all these influences, to feel an exhilaration of his spirits, and a renovation of strength, for which he could hardly have hoped in a confinement here of six months to his chamber. And all these hopes may there become to him realities. But, that they may, he is never to lose sight of the facts, that from 9, or half past 9 in the morning, till 4, or half past 4 o'clock in the afternoon, whatever exercise he may require, should be taken within the house. Within this interval, the heat without will be too great and enfeebling for him. He cannot be exposed to it but for a short time without some loss of power. Whatever, therefore, shall be his out-door exercise, it should be taken before breakfast, and an hour before sun-set. An early riser, and such should be every invalid who is capable of taking exercise, may have two hours in the outer air before breakfast. He will find, however, that he can walk but little. He must have at command a horse, a pony, or a gig. Ponies are almost exclusively used for riding in Santa Cruz, and may be hired at from \$12, to \$16 a month, subject to your call whenever you may be disposed to use them. Yet great care is to be taken in hiring these animals, as very many of them are unsure of foot. Nor is much confidence to be placed in an assurance of their safety by many who keep these animals for hire. For a very poor horse and gig, \$30, or \$34 a month will be required. For a horse, with a good four-wheeled chaise, \$40 a month must be paid; and for a carriage which will contain three beside the driver, from \$60 to \$70 a month. The roads throughout the island are highly favorable to the enjoyment of a ride, or a drive. They will compare well with good English roads. And the rides and drives around West End are very beautiful. Those about Bassin are as good, as far as respects the roads, but more hilly than about West End, and far inferior as to scenery. During the months of December and January, I found it important always to have with me both my surtout and umbrella, on account of the sudden, though short showers, to which we were exposed. But there are very few days through the winter in which sufficient exercise may not be taken in the

outer air, both in the morning, and at the close of the day. This circumstance, taken in connection with the excellence of the roads, and the universality with which the English language is spoken there, will go far to recommend this island to those who shall intend to leave home for the recovery of their health.

In the third place, it should be understood, also, that throughout the West Indies, houses are everywhere constructed with a special reference to the freest circulation of air through them. Yet even a West Indian is careful not to sit in a draft. Or, if this cannot be avoided, or he is willing to incur some hazard for the enjoyment of a cool breeze, to use his own expression, he "faces the enemy." He sits with his face, rather than with his back, towards the wind. Severe colds are taken by exposure to these drafts, and invalids should most carefully avoid them. They will hear many admonitions upon this subject, and it will be well to regard them. Some self-restraint and denial will sometimes be thus required, for the coolness of these drafts is sometimes most delightful to the heated body. But let it not be forgotten, that they may themselves be the occasion of a heat, far worse than any which is produced simply by fatigue; and it will be a small compensation for the confinement and suffering of a fever, that it was incurred by an indulgence, by which the pleasure of an hour was obtained.

Again. Great care will be required in regard to food; or rather, in regard to the temptations to which invalids will be exposed to a very improper and injurious indulgence of appetite. Before an invalid shall have been sent to the West Indies for health, he will probably have been for some time upon a restricted diet at home. Much that might have gratified his palate, will there have been forbidden him. He will have used but little stimulating food, and will altogether have avoided stimulating drinks. Nor will he, during his illness at home, have taken a full meal even of the simple substances by which he has been nourished, and sustained. He will have been accustomed, also, to take his food at times prescribed with a special reference to his own case. Upon his arrival at Santa Cruz, he will find that the breakfast hour is 8, or more probably half past 8 o'clock; and on the table will be green and black tea, and coffee; eggs, fried fish, cold and hashed meats, potatoes, butter and cheese, and new and stale bread. The hour of lunch is 12 o'clock; and for this meal will be provided mush melon, oranges, mangoes, sapadillas, bananas; and perhaps the sugar apple, the belle apple, a granadilla, some form of pastry, and in some cases cups of prepared sago, or of rice. At dinner, which is at 3, or half past 3 o'clock, boiled and fried fish will be upon the table, roasted beef or mutton, and poultry either roasted or boiled; ham, Irish and sweet potatoes, cabbage, and fried plantains. These having been removed, will be followed by puddings, pastry, and fruits similar to those provided for lunch. And at tea, at 7, or half past 7 o'clock, there will be green and black tea, two or three kinds of preserves, and bread and butter. Here, then, a sickly and capricious appetite may be strongly excited to an indulgence, in respect both to the quantity, and the quality of food, which will occasion injuries, which no climate can remedy. The fruits of this island are so

very far inferior to our own, that an invalid will be very partially satisfied with them as food ; and the smell of the butter will inform him of its quality, and admonish him to abstain from it, before it shall reach his lips. As to excess in the last of these, therefore, there is no need of caution. But I would earnestly recommend a very temperate use of meats, and a very cautious use of preserves, if not even a total abstinence from them. During the last fortnight of my residence in St. Croix, I boarded in a family with a few of my friends who had agreed to dispense with a lunch, and to dine at 2 o'clock, instead of half past three. This I found a very useful and agreeable change with respect to meals. But I should not be faithful to an invalid who thought of going there, if I did not inform him, that he will probably be advised to a moderate use of wine, or of weak brandy and water, in cases in which not one of his medical friends here would sanction the advice. The opinion is there almost a universal one, that stimulating drinks, to a certain extent, are indispensable for counteracting the enervating tendencies of a temperature, under which it is thought that the most vigorous frame must otherwise sink from exhaustion. This, however, it is now well known among us, is a very great mistake. I so far yielded to this advice, as to take a glass of wine with my dinner on each of four successive days. This wine I mixed with water. But the consequences of having taken it were, a slow fever for a few days, and an increased irritability of my lungs. It will be well for an invalid, therefore, if he shall leave his home with a resolution, that he will seek a restoration of his strength in the only way in which the enfeebled vital energies are to be renewed ; that is, by exercise, and by nutritious food taken at proper times, and in proper quantities. Specifications in respect to diet, my dear friend, I leave to be given by yourself. But you will allow me to add, that a physician will have discharged but half his duty to his patient, if he shall have sent him to the West-Indies unadvised of the new condition in which he will there find himself, and unadmonished of the care he should take in respect to his clothing, to exposure to drafts of air, to excess in exercise, and to the indulgence of his appetite.

Another caution may be of no small importance. Should an invalid find himself recruiting under the bland influences of a Santacrusian winter,—that his worst symptoms of disease have disappeared, or are scarcely felt, and that his capacities of exercise and of enjoyment have been, and are daily strengthening, it is probable, and almost certain, that he will daily be looking, and with a daily increasing interest, to the time when he may return to his native air, and to his home. If he were there for the purposes of a business which must daily occupy his thought and care for a definite time, he would patiently await the arrival of that time. He would feel it unmanly to yield even to the strongest rush upon his heart of the sentiments of home. Not so, however, is it with the invalid. While he shall be there, he can never for a moment be brought under the illusion that he is at home. There is so little there which will harmonize with his sentiments of home, his associations with it, and his happiness in it, and so much that is discordant with all these, that whether he shall be gaining strength, or losing it, whether he shall

daily be acquiring confidence of prolonged life, or fearing its speedy termination, his thoughts, his cares, his desires will ever be tending to the home he has left, and to the scenes and interests to which he will be solicitous as soon as possible to return. Even if, before he shall have left his home, he shall have fixed the date of his departure for a return to it, he will find himself under many and strong temptations to anticipate that date; and to return at a season, it may be, very far more unfavorable to his recovery, than was that in which he embarked for a milder climate. A considerable number of those who went to Santa Cruz last autumn for their health, left the island for the United States in the following March, and others in April. They arrived here, therefore, to be exposed to the cold damps of our east winds, under all the increased susceptibilities to their influence which had been acquired under the summer temperature in which they had passed the winter. I have indeed heard of results only in one of these cases. In that, however, of which I have heard, they have been as unfavorable as might have been anticipated. Dr. Stedman, the most eminent physician of the island, said he did not wish to see an American there after the 10th of May; because, after that date, the temperature was too enfeebling for those who had come there from a colder region. And yet, having myself left Santa Cruz on the evening of the 8th of May, and having arrived in Boston on the 27th of that month, and moreover having used all possible precautions against taking a cold, I yet not only suffered, but was made ill for some days, from the chilling influences of our east winds in June. I would therefore not only advise an invalid from New England not to leave Santa Cruz before the 10th of May, but, upon his arrival in New York, or in any port north of it, at once to go to Philadelphia, or to Baltimore, or further south; and to make the last week in June, or the first in July, the time of return to his home. There are indeed seasons in which our June climate and weather are as perfect as weather and climate can be. So, however, they were not last year, and so they have not been this year. Nor, till July, can we here look with confidence to the settled weather, and the equal temperature of summer.

In this connection I feel compelled to remark, that, of those who were sent by their medical friends to Santa Cruz last autumn, or in the beginning of last winter, there were cases, in which it seemed that the diseases under which the individuals in question were suffering, must have been of a sufficiently decided and marked character at home, to have made it certain that no change of climate could have changed the character or tendency of their disease. I am aware that the difficulty may be great, in certain cases, of forming a correct and satisfactory judgment of the extent of disease; and, that the office may sometimes be a very painful one, of saying to a patient who is greatly anxious for life, and perhaps equally anxious to go abroad in the hope of prolonging it, "you are too far gone for recovery; and the term of life which is before you may be made far more comfortable at home." Yet where there is a decidedly prevailing opinion in the mind of a physician, that his patient must die of the disease under which he is suffering, I

would say to him, "for mercy's sake, do not send this patient abroad. Do not expose him, in his feebleness, and with a racking cough, to the dreadful discomforts of a voyage under these circumstances. Do not send him to suffer among strangers, who, however kind they may be, cannot meet those wants of the heart, which are to be met only among friends. Do not send him from home, and expose him to all the cravings of his soul for a home to which he can never return." No one has been abroad, and with the sick who have been sent to die abroad, who has not strongly felt, that the imagined kindness, which has been exercised in sending one to die far from his home and friends, is little better in its results than the utmost possible refinement of cruelty. "May you die among your own kindred!" says an Oriental to a friend who is leaving him. And, "let him die among his own friends!" I would say to a physician, who strongly doubts of the recovery of any one who is in his medical care.

As far as my observation and capacity of judging enabled me to form a correct opinion upon the subject, I was led to the conclusion, that there were but two classes of invalids among those who passed the last winter in Santa Cruz, who derived any considerable benefit from the change of climate for which they went there. These were, first, patients suffering under pulmonary affections; and secondly, those who had suffered from rheumatism. The relief found by this last class of patients was very great. And great also was the relief experienced by those who had not passed the first stages of pulmonary affections. But if ulceration have begun in the lungs, I believe that it will not there even be retarded in its progress. I was told, indeed, by physicians there, that in decidedly consumptive cases, disease is much more rapid in the tropical regions, than with us. Persons of biliary habits will suffer more from them there, than at home; and will be more exposed than any others to prevalent intermittent fevers. And, for the healthy, the last change to be sought for gratification, is a residence in the West Indies. It will be at no small cost of physical, as well as of intellectual and moral enjoyment, that one who has health, and who knows how to use it, will unnecessarily pass even five or six months there.

The temperature of Santa Cruz is indeed generally a very grateful one to an invalid. It is often even delicious. But the heat is sometimes very debilitating; and it is always too great either for much intellectual, or physical effort. Except at early morning, the whole of which should be appropriated to gentle exercise abroad, no one even in health will there be disposed to any further use of his pen, than will be required to keep his friends informed of his condition; and hardly will it be possible that even a Creole should be a student. History may be read, but it will be more for amusement, than for instruction; and an hour or two of the day may be given to any books which will require no strong application of attention in reading them. But any one, and especially an invalid, will soon find it necessary to relinquish the book, which either forcibly turns in his thought upon himself, or which strongly engages it upon outward, and greatly interesting concerns. He will be able to concentrate attention upon any subject but for a short time without loss. In

these circumstances, amusement becomes a leading object of life ; and happy will it be with those, who can find amusement in books which will lightly employ thought, without either depraving or fatiguing it. An invalid, who shall have a taste for well-selected books of this class, will have immeasurable advantages, under a tropical sky, over those who have not such a taste. But, if he would read such books in Santa Cruz, he must carry them with him. There is no book shop, nor is there a public library in the island. He will there be told of two or three book clubs, by which a few volumes are annually imported for circulation among the members of those clubs ; and he may find a few volumes in the house in which he may be a boarder, or a visiter. But these he will find a poor dependence. A well-selected, but small stock of books, I should therefore consider as scarcely less important for an invalid there, than clothing appropriate to the climate. There were, I think, two hundred and thirty Americans in that island last winter ; and a sufficient number of these were invalids, to make the place nothing less than a large hospital. What would have been the habits of thought and feeling in these invalids, if they had remained at home, and separated from each other, and amidst all the associations and interests of scenes of former life, I cannot tell. But the fact there was, that in their daily comparison of notes with each other, of pains, and of relief from pain, and by the knowledge daily received and communicated of each others' condition, and hopes, and fears, in respect to health and illness, a most unhappy influence was often exerted upon the mind ; and especially of those, who depended upon intercourse and conversation alone for mental employment and gratification. I have not a doubt that disease is often aggravated by the thought and care concerning it which are so induced. A diversion of attention from one's self, in this respect, and to a certain extent, is not less important than are the thought and care of their condition which are required of patients ; and if this diversion is not to be found in books, there is danger at least that it may be sought in ways less exceptionable, as well as less effectual.

Among the most hazardous of the circumstances of leaving home, to many, and especially of a residence of some weeks or months abroad, is in the feeling which is awakened, that we are there warranted in indulgences, which at home we could not justify in ourselves, and should condemn in others. Because they are from home, it is thought by too many that they may act without the restraints of home. They are not aware that they are thus giving the strongest possible evidence, that their restraints and regularity at home were the results of policy, and not of principle ; and that all their watchfulness, and abstinence, and correctness of deportment, which they had thought were virtue, and perhaps christian virtue, were but means to ends as essentially selfish, and worldly, as are any by which the most openly selfish and worldly are actuated. On this topic, therefore, I would say to an invalid, "in going from home, resolve that you will act in everything, as far as you may, as you would have felt it your duty to act if you were at home. Wherever you may be, faithfully carry out the principles of right, and obligation, which you would profess among your nearest and dearest friends.

As an invalid, your mind demands exercise, not less than your body ; and I do not hesitate to say, that a principal end of this exercise should be, amusement. Let thought, therefore, and reading, and conversation, be upon subjects and interests by which the mind may be amused, as well as exercised. But let all your amusements minister as well to a healthy state of the mind, as of the body. In escaping ennui, you will have done something, and perhaps much, for escaping disease. And in maintaining always, and in everything, an enlightened sense of right, and duty, you will possess at once one of the best mitigations of suffering, one of the most important aids in the recovery of health, and the best possible security for the enjoyment of health, should God be pleased to restore to you that blessing."

[To be continued.]

DR. FISH'S REPLY TO DR. GOULDING'S REMARKS ON EMBRYOTIC INFLUENCES.

[Communicated for the Boston Medical and Surgical Journal.]

By looking over the last number of the Medical and Surgical Journal, I perceive that Dr. Goulding, from a good spirit or bad, from a feeling of human kindness, or from some other feeling, has seen fit to offer some observations upon "Embryotic Influences." He has taken hold of the matter with such engagedness that I am somewhat wound up, finished, or kilt, as my next-door neighbor would express himself. I must rally my intellectual forces, and parry off the thrusts. "An essay of this kind, in this enlightened age," says Dr. G., "requires some notice." He had hoped that this absurd notion had long since been exploded, or that it might be confined to the weak minded and the illiterate. He is not so sure but that he is correct now, I suppose, in regard to the latter.

"That the imagination can exert an influence upon the child in utero, is as contrary to reason and scientific principles, as it is to nail a horse-shoe over the house-door to keep the witches out." This, if it does not confound all my reasoning upon the subject, will pass for a witty expression. But why is it contrary to reason? The great, the learned, and the scientific Dr. Darwin believed in an influence more remote, and apparently more unreasonable. He believed that the imagination exerted an influence upon the future offspring before it was so far evolved as to exist in utero. It is as easy to call *this* absurd, if mere say-so will make it so, as the other. We hear of greater influences than even this, and still they are not confined to the weak minded and illiterate. Professors and presidents of colleges believe that the imagination exerts an influence upon other persons, even to the removal of diseases and bodily pains. I am not the only one besides women and children that has believed in embryotic influences. Even Dr. G. acknowledges that it has been believed from time immemorial, and by the scientific, too, because they belonged to the medical profession. I recollect not as this was disputed until some fifty or sixty years ago, when a member of the profession thought he perceived inconsistency in such a sentiment, and

wrote against it. Perhaps he was correct, and perhaps he was not. Whether he was, or not, *matters* not as far as it respects what I have advanced, for the influences which he treated of, were of quite a different order from those which I have referred to. Dr. G. says it leads to the same thing. Were it not for spinning my article out to too great a length, I could perhaps convince him of the contrary.

Dr. G.'s "facts," with his remarks upon them, go some ways towards displaying his wit, but they go no further to disprove the doctrine towards which he feels such an antipathy, than, to use a negro expression, "to stick your hand in the fire." There are prescribed rules for everything. A woman, though she might not bring forth a saw-mill, because she passed by one that was in operation, might become the mother of a child with black eyes, oval cheeks and plump forehead, when neither herself nor the father of her child were distinguished by these traits, from some powerful impression produced by its appropriate object. A woman might think strongly of a griffin, a gorgon, a flying dragon, and still, upon her accouchment, present her husband with a lovely child, because it was beyond the power of her imagination to produce imitations of these non-naturals. Thus Dr. G.'s witticisms will not apply, and must be looked upon as altogether unrequired and gratuitous.

To restrict the subject to its proper limits, what if there is no nervous communication between the mother and the fœtus in utero? There is a venous and an arterial communication. Which is it, the nerves or the arteries, that transmit, through the medium of the ductus umbilicus, the selected living corpuscles to complete the formation of the future offspring? The nerves do not do it, certainly. Dr. G. may think, however, that though it may be conveyed by the nerves, it should be the office of these filaments to apply it to its proper use, in order to form the resemblances which have been spoken of. Here, then, we have something to extricate us from our apparently inextricable dilemma. The mother has nerves to separate the requisite materials from the blood, and the child has nerves to apply them to their proper use. Here is an evidence for you, that will withstand everything. Perhaps I ought to add a few others, if it were for nothing more than to keep it company, and render it more imposing. Were it not for the fear of eliciting more jibes, and exposing myself too much to the doctor's sharp-shooting, I would present a little further testimony in favor of the doctrine of which I have only given the outlines. It is not a very enviable situation to place one's self in, where he must receive the brunt of the satirist's wit. He likes not to hear, in allusion to what he has said, "a child born with a bunch of grapes upon his back;" the little infant with the "raisin upon its leg;" the woman running as if Old Nick and all was after her, "a quarter of a mile, with both arms extended before her." These, and the "ten thousand more" referred to, that "might" be mentioned, which are now of course in reserve, somewhat intimidates a man that puts a proper value upon the reputation he deems himself to be favored with. But I will not be a coward, after all. I will just ask Dr. Goulding if there is anything more wonderful in the influences which are the objects of contention, than there is in the fact that

the mother's milk is sometimes so affected by the suddenly excited passions of her irritated feelings, as to occasion the death of her child. Perhaps he may call this the "absurd notion of the weak minded;" but it is related by persons who have a fair standing upon the literary arena.

By following Dr. G. up in his observations, it can be ascertained why he has entered so warmly into the subject as to intimate that he considered it a crime to teach any other doctrine than that which he himself believes. He has a yearning sympathy for the woman; and if his fears are well founded, he ought to be applauded for it. "It renders the condition of the woman," he says, meaning such sentiments as I have promulgated, "deplorable during the term of her gestation." "Her nightly imaginings are those of horror, and her day-dreams participate of nothing calculated to afford relief," &c.

Certainly the thought never entered my heart that I was doing so much injury. I did not think I was so debased, so consummate, so reckless and cruel a villain. I even thought that I experienced a proper feeling towards that portion of the community, that administers so much to the comforts, the consolation and the happiness of our own sex. What atonement shall I make for my criminality? Would that I could blot from my by-gone days the day and the hour in which I employed myself in penning such an article! As this cannot be done, would that I could blot from the 22d number of the Medical and Surgical Journal the pages which contain the offending article, and then I would commit the manuscript to the flames! Could I have had but a particle of forethought about me when I scribbled what I thought but little of when I was writing it, and less of afterwards, how many agonizing pangs I should have saved from the mothers that are to be, and sleepless and anxious nights from Dr. Goulding. I have now nothing to console me but the thought of an immortality that is to occur to me, similar to that which was sought for when the magnificent structure of the temple of Diana was burnt by a person who despaired of perpetuating his name in any other way.

But I will not give up all hope of attaining a better immortality. There is hopes of a sinner until the expiration of the eleventh hour. It may be that ardent repentance will wipe away the guilt from my offending heart. To take a review of the subject, too, it does not seem that what I have done is calculated to produce so great an injury. In the first place, the female portion of the community do not trouble themselves much about medical publications. If they chance to read an article, they enter not much into the spirit of it, and treat it with too much indifference to repine at what might not be exactly agreeable to them. If they should look at it in its most dubious light, their versatile and elastic minds would buoy them above the evil which it presaged, and we should find them with the same smiling faces and cheerful looks as before. They are not that weak-minded, superstitious, whimsical set of beings that Dr. Goulding is disposed to consider them. They have as much patience to endure pain, as much fortitude to endure affliction, and as much philosophy to buffet the ills which life is heir to, as the boasted lords of all that is made. Now and then a single indi-

vidual may seem to be afflicted from imagined evils; and if she is enceinte, she may have painful forebodings in regard to her future offspring. She may fear that it may be modelled with the physiognomy of the snake, marked with the features of the toad, or impressed with the grim visage of the elephant, and what I have written will tend in no way to ease the matter. Neither will it tend to increase it, for it is a thousand to one whether she ever heard of me or perused a syllable that I have written. Such sentiments as mine will be no more calculated to do hurt than a thousand other things—not half so much as the every-day objects that present themselves. Women are subject to excitement—to be operated upon by the impulse of the moment. They are nervous, as it is called, in many instances, but not a whit more so than man is; not so much so as Dr. Goulding has discovered himself to be. They are more disposed to be operated upon by such a feeling during the period of utero-gestation than at other times, but so also are their husbands. In numbers of instances I have known men so foolish as to believe that all the suffering during that period had fallen upon *them*, and have laughed to see them spit, and hawk, and loathe their food, and try to vomit; but I never knew women make so much ado about it, or appear to be so much afflicted when they were not so fortunate as to have husbands to take the burthen off of them. But what I was going to say, is, and I had like to have lost sight of it, that the squall of a cat, or the chirp of a mouse, would have ten times as much effect to occasion this nervous excitability, as all the philosophy or the pretended philosophy they ever heard of. It must be, therefore, that a physician that is operated upon by so much fear in regard to the opposite sex, as Dr. G. appears to be, is affected, not with monomania—I will hope better things of a brother physician—but with a sort of idiosyncrasy.

After all, I cannot think that the doctor feels so bad as he pretends. I cannot but hope that, were he to write again, he would not try to thrust his opponent into the back ground altogether by the splendor of his wit, but that he would interlard it now and then with solid argument. Upon a philosophical discussion, whether the premises are false or true, argument is more useful than satire, and one solid argument would lay a falsity dead beyond the power of anything to resuscitate it; whereas a hundred shafts of the satirist might not kill it so but that it would revive again. But I am extending my article to too great a length. I must ask the forbearance of the readers of the *Medical and Surgical Journal*, not only for this, but for past offences, and must endeavor, should I again appear in its pages, to so graduate my sentiments, and so temper the spirit of them, as not to affect the too easily excitable and morbidly sensitive feelings of Dr. Goulding.

Boston, July 8, 1837.

SAMUEL FISH.

CASE OF MONSTROSITY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I attended the labor of Mrs. B., on the night of the 25th of June, at the request of my medical instructor. Nothing uncommon

occurred in the delivery, till after the birth of the first child, when, somewhat anxious about the retention of the placenta, I passed my hand up the vagina, and found another child descending, which has turned out to be a "*lusus naturæ*;" a perfect representation of which may be seen in the enclosed plate, drawn by Mr. James Colman, student of medicine.

In the plate are represented the rudiments of a hand, the umbilical cord, with hernia; and in the place of the organs of generation, an amorphous mass, bearing no resemblance to those organs. Above the umbilical cord, are two small bodies surrounded with hair, and exactly resembling the male organs of generation inverted.

There is also seen, though, from its situation, it could not be perfectly presented in the plate, a small body occupying the place of the left arm. The anus was imperforate. The deformity of the lower extremities is well exhibited in the drawing. Mrs. B.'s age is twenty; she has been married three years, and has one child living. She miscarried in August last, since which she has been in rather poor health, though able to be about. Nothing, so far as I can learn, has happened during her pregnancy to cause so remarkable a deformity.

The monstrosity referred to, has been presented to the Boston Society for Medical Improvement, and will be deposited in their cabinet. Its dissection will doubtless be extremely interesting. At present it would seem to belong to the *acephali*, or headless monsters. Whether this is actually the case, or whether it is merely a micro-cephalus, will be determined by the examination.

Dr. Cummin, in his lectures on "Forensic Medicine," published in the London Medical Gazette, says of the former, "These constitute a large proportion of the monstrous births usually met with; they are very common in twin cases. Sometimes not only the head is wanting, but the neck; the arms are also occasionally deficient, and likewise the chest; the abdomen and legs remaining. In such cases all those organs which ordinarily receive their nerves from the parts that are absent, are themselves deficient. No species of monstrosity, so complete, excludes the idea of viability."

Your obt. servt.

Boston, July 10, 1837.

WARD NICHOLAS BOYLSTON.

P. S.—Since the above was written, the specimen referred to has been dissected by Dr. J. B. S. Jackson, an account of which will be communicated to the profession hereafter.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 19, 1837.

DIRECTIONS FOR THE ESTABLISHMENT AND GOVERNMENT OF LUNATIC ASYLUMS.

THE above is the title of a pamphlet of 50 pages, translated from the French of Briere De Boismont, M.D. by E. Quincy Sewall, M.D., and

republished in the third volume of the Transactions of the Medical Society of the State of New York. It was a prize memoir on a question proposed by the Society of the Medical and Natural Sciences at Brussels, for the year 1834, and is replete with useful facts and suggestions, calculated to furnish valuable information on a subject which has recently excited great interest in the community. The author appears to have been a physician of considerable experience in this disease, has visited most of the principal Asylums of Europe, and availed himself of the latest views of the most distinguished French and German physicians, in the construction of his essay. He considers the subject under the three heads of the Situation, Arrangement, and Government of Insane Hospitals.

In connection with the first head, he gives the preference to an elevated, dry locality in the country, surrounded with a varied and undulating scenery, sufficiently near some city to be within reach of a constant supply of fresh provisions, and yet so far removed from it as to prevent those excitements and annoyances which are occasioned by being exposed to intrusive visits and witnessing the stirring scenes and events liable to take place in the midst of a crowded population, and which cannot be regarded otherwise than prejudicial to a disordered mind.

It will long continue to be a problem, what plan of construction is best adapted for insane hospitals. It is desirable to combine rapidity of inspection, facility of intercourse, airiness, economy of outlay and expenditure for labor, with the total absence of everything appearing like a prison or penitentiary. The views of Esquirol and other French physicians, who recommend a large number of separate pavilions with only a basement story, are opposed with much reason. The considerations that have been urged in their favor, are more than counterbalanced by others on the score of economy and concentration, and most of them may be obviated by a due discrimination in the classification of patients.

Dr. Boismont would recommend, in a suit of buildings disposed in the form of a square, two stories high, three pavilions for patients under treatment, and five for the incurable, the epileptic, and the sick, of each sex; with a centre building, containing three suits of rooms for the officers, convalescents, chapel, dispensary, stores, kitchen, &c., surmounted with a cupola from which every part of the establishment may be surveyed.

In relation to the internal arrangement and hygienic regulations, will be found, as might be expected, many important observations. On the subject of ventilation and cleanliness, he is minute and practical. He dwells also at some length on the necessity of allowing a generous diet to most classes of insane patients. It appears to us, however, an error to restrict that of patients under high excitement. The wants of the system are at that time greater, while the process of digestion itself, operates as a sedative. Should undue accumulation of blood take place, it might be easily remedied by the lancet. Besides, experience in the New England hospitals proves abundantly the good effect of allowing patients to eat as much as they will. The size of the cells and dormitories, the materials with which they should be constructed, their furniture, the means of regulating their temperature, the personal habits of patients, their clothing, occupy a share of his attention. The torpor, or insensibility to cold, manifested by some patients, it is observed, is no proof that they are insusceptible to its effects. Various disorders arise from cold where this torpor prevails, and, among others, three cases of

tetanus are instanced, showing the injurious consequences of neglect on the part of keepers. To this class of persons a great responsibility belongs; on them much depends. Their influence on the recovery of patients is second only to that of the physician himself; indeed his own efforts will be fruitless, however well directed, unless seconded by faithful and judicious attendants. They should, therefore, be selected with the utmost care. Every incentive to the faithful performance of their duty should be before them. They must be animated with higher motives than the mere prospect of earthly gain, or they will be eye-servants. In many of the French hospitals, advantage is found from employing those that have been themselves insane.

The author closes with some judicious remarks on the character and qualifications requisite for the physician of an insane asylum. Of course we cannot follow him through them. But there is one point in this connection that demands consideration. Much of the success in the treatment depends on his having constant familiar intercourse with his patients. In this way only can he acquire that accurate information of character and temperament, and that intimate knowledge of diseased manifestation, which will enable him to apply his moral remedies with the nicest discrimination and the happiest effect. What, then, will be the consequence of establishing institutions on so extensive a scale as that contemplated by the State of New York, unless it be the sacrifice of one of the first conditions necessary to the successful treatment of insanity, by destroying this intercourse.

The value of this essay is enhanced, in no small degree, by tables illustrating the cost of construction, of repairs, and of the daily expenses of various establishments in France. It presents, on the whole, so great an amount of new and interesting information on this subject, that its translation, and republication in this country, must be regarded as peculiarly opportune, when the attention of several States is turned towards erecting asylums for the insane.

NEW HAMPSHIRE MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Should the following proceedings of the New Hampshire Medical Society, at the last annual meeting, be deemed worthy an insertion in the Journal, it is at your disposal.

JAMES B. ABBOTT, *Sec'y.*

London, July 7, 1837.

The forty-sixth annual meeting of the New Hampshire Medical Society was holden in Concord, at the Phœnix Hotel, on the 6th and 7th of June last.

Reuben D. Mussey, M.D., Hanover, was chosen *President*.

Enos Hoyt, M.D., Northfield, *Vice President*.

James B. Abbott, M.D., Loudon, *Secretary*.

Nathan Sanborn, M.D., Henniker, *Treasurer*.

COUNSELLORS.—*Centre District.*—Elijah Colby, M.D., Concord.—Jacob Straw, M.D., Henniker.

Western District.—Samuel Webber, M.D., Charlestown.—J. Bachelder, M.D., do.

Strafford District.—John P. Elkins, M.D., New Durham.—Noah Martin, M.D., Somersworth.

Rockingham District.—Thomas Bassett, M.D., Kingston.

Southern District.—Matthias Spaulding, M.D., Amherst.—Micah Eldridge, M.D., Nashua.

Grafton District.—Daniel Oliver, M.D., Hanover.—R. D. Mussey, M.D., do.

CENSORS.—*Centre District.*—James B. Abbott, M.D., Loudon.—John C. Page, M.D., Gilmanton.

Western District.—Amos Twitchell, M.D., Keene.—John B. Dousman, M.D., do.

Strafford District.—J. A. Smith, M.D., ———. Stephen Drew, M.D., Milton.

Southern District.—Daniel Adams, M.D., Mount Vernon.—Noah Hardy, M.D., Hollis.

Grafton District.—R. D. Mussey, M.D., Hanover.

Rockingham District.—Thomas Bassett, M.D., Kingston.

Thomas Chadbourne, M.D., Concord; Thomas P. Hill, M.D., Sanbornton, *Delegates to the Medical Examinations at Hanover.*—Moses Hill, M.D., Northwood; Richard P. J. Tenney, M.D., *their Substitutes.*

Orators for 1833.—Joseph H. Smith, M.D., Dover.—David Wells, M.D., Deerfield.

Chosen to prepare a History of the N. H. Medical Society.—Thomas P. Hill, M.D., Sanbornton.—James B. Abbott, M.D., Loudon.

Dr. Thomas Bassett, Kingston; Timothy Haynes, M.D., Thomas Brown, M.D., and John T. G. Leach, M.D., Concord; Dr. Thomas Wallace, Derry; and Dr. James F. Sargent, Hopkinton, were elected Fellows of the Society.

Dr. Hill, of Northwood, addressed the Society upon the subject of quackery; and the president (Prof. Mussey) made a very interesting report, as chairman of a committee, upon the situation, as respects health and morals, of operatives in manufacturing establishments.

There were more members present at the meeting than for twenty years past; and more patients came before the Society for advice than ever before; which speaks favorably for the standing of the regular profession in this State.

Domestic Quackery.—In the midst of a host of pretenders to the art of healing, as bold, reckless and secretive, as ever flourished on terra firma, a new candidate for fame has started up under the talismanic guise of a *German doctor*, who bids fair to interfere with the regular system of quackery to which the country has become accustomed. This is considered by them as an imposition, inasmuch as it clashes with their regular business. The advertisement issued by this interloper, which has been widely distributed over all New England, has the following clause in it, viz. "*Dr. L— is able to ascertain the nature of all kind of diseases by an examination of the urine, which should be taken from the patient in the morning, in a clean phial. For the examination of which, one dollar is to be paid by each patient. He will also attend to throat distemper, quinsy, smallpox, and all other diseases.*" Were this an original contrivance for gulling stupid, ignorant, ailing ones, we should be willing to give proper credit for the ingenuity of the impostor; but he is at least sixty years too late—the self-same scheme having been practised in England so extensively, that government was obliged to interfere and put a stop to the transportation of bottles of urine with which post-coaches were laden,

sent for the sage inspection of a German adventurer in London, by those who enjoyed the privilege of franking. But there is nothing too absurd for the age, or for those who can least afford to be cheated out of health and money. The doctor's office is said to look like a depot of mineral water—jugs, flasks and phials are constantly accumulating, so that by the sale of the empty ones, alone, it will prove a profitable business.

Irregular Practitioners.—At the last annual meeting of the Massachusetts Medical Society, the following by-law was made, and it was voted that it be published.

“If any licentiate of this Society or Doctor in Medicine, graduated either at Harvard University or at the Berkshire Medical Institution, shall neglect to obtain admission as a Fellow of this Society, according to the method of the 53d By-Law, for one year after he is entitled to the same, he shall be deemed an irregular practitioner; nor shall he afterwards be admitted as a Fellow of the Society, unless he make a representation of his case in writing to the Counsellors, and satisfy them that he has had good reasons for not pursuing the steps necessary for his admission as a Fellow within the time above specified. In every such case, the Counsellors shall decide by vote whether the reasons are or are not satisfactory, and the result shall be communicated to the applicant by the Corresponding Secretary; whereupon, if the result be favorable to the applicant, and he sign the By-Laws, according to the 53d By-Law, within three months, he shall be admitted as a Fellow; and not otherwise.”

Medical Miscellany.—Many cattle have died of late, in Piscataway, New Jersey, of an anomalous disease, but which, however, is said to resemble hydrophobia. They foamed at the mouth, refused food and drink, and furiously attacked those who approached them. They died in violent convulsions.—Dr. Farnham, of Batavia, N. Y., has been convicted of using means (mandragora) to take away the sense of consciousness from his patients, preparatory to rifling their pockets.—Accounts of the prevalence of smallpox reach us from all sections of the country—almost invariably introduced by the tremendous influx of foreigners.—The British and Foreign Medical Review gives an account of a woman who has gone through the *Cesarean operation four times*, successfully. From 1800 to 1833, this dangerous operation was performed on the continent *one hundred and ten times*; forty-eight of them successful to the mother. Out of the whole, sixty-seven children were born alive; twenty-nine were dead before extraction, which was imputed to tardiness in the process.—Nux vomica has been found serviceable in dyspepsia—the doses of strychnine are from one twelfth to one sixth of a grain. This is rather too homœopathic to get into favor with philosophical practitioners.—Dr. Dunglison gives a favorable notice of the results of compression in various diseases. He says that Dr. Dudley, of Lexington, Ky. has long been in the habit of using bandages extensively in various surgical affections, with marked advantage.—The mean age in the English army, is presumed to be 26 years.—Out of 100 deaths in Bengal, 26.8 were from fevers; 7.3 from hepatitis; 30.5 from dysentery, and other bowel complaints; 19.8 from cholera; 4.6 from pulmonic diseases, 1.9 of which were phthisis pulmonalis; leaving, says the above named Journalist, only 11 produced by other diseases.

TO CORRESPONDENTS.—"H.'s" remarks on the medical treatment of insanity are received, and will soon be inserted in the Journal.

DIED.—In this city, Dr. Harvey N. Preston, of Plymouth.—At Northampton, Dr. David Hunt, aged 64.—At Paris, Dr. J. M. Pringle, of Charleston, S. C.

Whole number of deaths in Boston, for the week ending July 15. 25. Males, 15—Females, 10.

Consumption, 2—suicide, 1—drowned, 1—croup, 2—dropsy, 2—typhus fever, 1—disease of the heart, 1—inflammation of the liver, 1—fits, 1—paralysis, 1—smallpox, 1—inflammation of the brain, 1—scarlet fever, 1—king's evil, 1.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1837, will commence the last Thursday in August and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - -	H. H. CHILDS, M.D.
Pathological Anatomy, by	- - -	E. BARTLETT, M.D.
Materia Medica and Pharmacy, by	- - -	DAVID PALMER, M.D.
Botany, Chemistry and Natural Philosophy, by	- - -	C. DEWEY, M.D.
Surgery and Physiology, by	- - -	W. PARKER, M.D.
General and Special Anatomy, by	- - -	R. WATTS, JR., M.D.
Legal Medicine, by	- - -	HON. HENRY HUBBARD.

Fee for the Tickets of all the Professors, \$50. Those who have attended two full courses at an incorporated medical school, \$10. Graduation, \$16. Board not exceeding \$2 per week.

By an act of the Legislature of Massachusetts, passed April, 1-37, the Berkshire Medical Institution is constituted an *Independent Medical College*, with authority to confer degrees, and the graduates are entitled to all the privileges and immunities which pertain to the medical graduates of Harvard University.

By a vote of the Massachusetts Medical Society, passed the 31st of May last, the graduates of the Berkshire Medical Institution, are ex officio entitled to admission as Fellows of said Society.

C. DEWEY,
Dean of the Faculty.

July 19—61

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.	Fees.
Anatomy, and the Operations of Surgery, by JOHN C. WARREN, M.D.	\$15
Chemistry, by JOHN W. WESTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, July 5, 1837. tNov. 1. WALTER CHANNING,
Dean of the Faculty of Medicine.

THEODORE METCALF—APOTHECARY.

NO. 33 Tremont street, ten doors north of the Tremont House, devotes his chief attention to compounding prescriptions; and assures physicians that, in his establishment, no persons will be entrusted with this duty, except those of skill and experience, and no articles used but those of the best quality.

T. M. keeps no *quack medicines*, but chooses to rely for support upon regular practitioners and their patients. He is permitted to refer to Drs. Jackson and Reynolds.

May 21. 3m

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, JULY 26, 1837.

[NO. 25.]

MEDICAL TREATMENT OF INSANITY.

[Communicated for the Boston Medical and Surgical Journal.]

THE remarks on this subject, in a recent communication to the Medical and Surgical Journal, are highly interesting and valuable. Were they less so, the elevated source from which, it is evident, they spring, must ever command respect and attention. It might even be deemed a matter of presumption for one, whose opportunities of observing insanity have been comparatively limited, to venture to oppose, however slightly, the views which they express. The object of the following paragraphs is, therefore, not to contend against what has been advanced, but to advert to one or two points, on which, from not being sufficiently explicit, the communication alluded to may be indirectly productive of injurious consequences.

The question when, and to what extent, bloodletting is admissible, and that relating to the propriety of administering narcotics, are the topics to which we refer. The author of the communication would not proscribe bleeding altogether; and yet by quoting writers opposed to this remedy, and bringing forward such cases from his own observation, as, at first view, might seem to call for it, but in which, however, it proved injurious, he has argued against it in toto. Observations, correct in themselves, and inferences just, so far as they apply to the indiscriminate employment and repetition of bloodletting, are brought together, and the effect of the whole is to discourage bleeding under any circumstances whatever.

The authority of Prichard is apparently made to contribute to the same effect; while nothing could have been further from the intention of that writer, as will appear to any one who examines his work. If there is any medical author in the English language, since the time of Rush, who may be considered an advocate for bleeding in mania, it is Prichard. Such is the whole scope and tenor of his reasoning. Such is the direct inference from the pathological facts and observations, which he has adduced to show the danger of neglecting it. And though the correspondent of the Journal afterwards admits this *in part*; yet as he has quoted without qualification, or alluding to what follows, the passage in which he allows to a certain extent the force of the arguments of his opponents, preliminary to discussing the question, he has inadvertently rendered him liable to misconception. He has given us the *if*, without the *but*—the *proviso*, without the *conclusion*. A better idea of the opinions of Prichard, on this subject, would have been conveyed, had

he been permitted to say as follows.—If on the one hand it be granted that dementia, prostration, and, in rare instances, death, follow the injudicious employment and repetition of the lancet; on the other, the investigations of Foville prove conclusively that permanent alterations of the structure of the brain, and consequent derangement of its functions, are the too frequent consequences of its neglect. And it is better, far better, that numbers should fall into temporary dementia, or debility, than that a single patient should pass from acute into chronic mania, or monomania, either of which conditions is comparatively hopeless.

The remark of Pinel and others, adopted in that communication, that violence is often increased after bleeding, is, I think, entitled to little weight. For it by no means follows that increased violence is increased disease. We may suppose a highly congested state of the brain, approaching to inflammation, or apoplexy, in which bloodletting, by relieving the over-distended vessels, would give rise to increased functional activity, and the consequence would be an increase of the prominent symptoms: but surely the danger is less than if it had been omitted. Mania often arises after bleeding in apoplexy. But is it not a more favorable condition than apoplexy itself? Melancholy, says Esquirol, as quoted by the author, has been known to pass into violent madness after bleeding. In reply to which, give me leave to ask, does not excitement follow melancholy more or less, according to the degree of previous torpor, when it terminates in recovery? And was not this accession of violence but a step in the progress towards recovery?

This objection to bleeding that it is often followed by an increase of the symptoms, might be met with a similar objection brought by Burrows against producing sleep, that it is often followed by the same effects. In all cases of increased violence in which neither of the above conditions will apply, the cause is the same, whether following sleep or bleeding. It is the consequence, not of the bleeding, nor of the sleep, but of the rest or suspension of nervous activity after the one and during the other. And every argument urged from this fact against the employment of the lancet, might be brought to bear with equal, or greater force, against the use of narcotics to produce sleep.

The number of cases injured by bleeding will be found to be less, it is apprehended, than would be inferred from the general tenor of W.'s remarks. Out of more than a hundred, with the history of whose cases I have been acquainted, I recollect but two who were supposed to be injured by bleeding, and one of these after his recovery, which took place in four months, constantly asserted that bleeding was what saved his life; and as his memory was correct, it is highly probable that he was the best judge of the effects. The other was a case of dementia, concerning which, any opinion at this time would be premature.

The only case in which I ever personally witnessed bleeding in mania, was attended with the happiest results. The patient passed immediately from the highest pitch of excitement into a calm, followed by a tranquil sleep. And when the symptoms afterwards returned with renewed violence, they were unattended with the pain, heat of the head, flushed countenance and injection of the conjunctiva, which were constantly

present before the operation. At this day, after an interval of 10 years, he still refers to that operation not only as the means of relief, but of the preservation of life, and describes the effects produced on his sensations with as much accuracy, as he does the circumstances attending it. Now had the physicians, who treated those cases, been impressed with a horror of bleeding, what would have been the result?

Having thus contended against the employment of bloodletting in the abstract, your correspondent recommends the use of opium and narcotics in general terms. He acknowledges, however, that in some cases opium may be injurious, while in others some preparation of the system is necessary previous to its exhibition. Unfortunately, the country practitioner (for whose instruction the article was expressly written) is left without any clue to either of these cases, or to the mode of preparation necessary. And of course the only thing for him to do when called to a patient afflicted with this melancholy disease, is to look on, with stoical indifference, or to sign a certificate sending him to an insane hospital.

It is with a hope of contributing, in some slight degree, to relieve him from this embarrassment, that these observations are offered.

The narcotic method of treating mania was introduced into the New England hospitals by the agency of Dr. Todd, of Hartford, and has undoubtedly been attended with brilliant results. But it may be questioned whether it possesses so many advantages over the antiphlogistic method of Rush and Cullen, as to justify its exclusive adoption. If prostration, increase of the symptoms, and sudden death, sometimes follow the former, are they not liable to occur also in the latter? Armstrong, Burrows, and other distinguished writers, warn us of the danger of accumulation of effect in the administration of these remedies, in mania as well as in other diseases. Again, in order to estimate its true value, we should be put in possession of the number of relapses that take place under each mode—a species of information which it should be incumbent on the directors of hospitals to procure and furnish, in their annual reports, as far as possible.

An opportunity of observing this disease, and this mode of treatment, on rather an extensive scale, while it has given me a high opinion of its general merits, has, nevertheless, strongly impressed me with a belief, that the greater number of relapses that take place under it, forms a material drawback to its value. Without, however, in this place, entering into all the considerations on which such an opinion might be founded, as the known transient effects of narcotics on the system in general, the constant relation observed between the amount of the dose and the degree of excitement of the nervous system manifested by the patient, the elasticity, as it were, with which it returned to its former state when the dose was suspended, or remained stationary for any length of time—a brief statement of a case that came under my observation will contribute somewhat to set the subject in its true light.

A gentleman, subject to repeated attacks of insanity, who had been more than once an inmate of a hospital where the antiphlogistic theory was in vogue, was admitted into the same institution when it had given place to the narcotic method exclusively. He complained of premoni-

tory symptoms, such as usually preceded his former attacks, and manifested considerable nervous excitement, though not sufficient to render it a well-marked case of insanity. These symptoms were soon dissipated under the influence of opiates; and after remaining 3 or 4 months at the hospital, to all appearance well, he was discharged. In about a fortnight afterwards he was re-admitted in a highly excited condition, and subjected to a similar, but more energetic course of treatment. In less than a month all diseased manifestations disappeared, and after being subject to a second probation of three months, he was again discharged, and returned to his friends. A third time, within a year, he has been admitted, more violent than before, and recovered. His periods of excitement under antiphlogistic remedies usually lasted from 3 to 4 months, but the intervals continued for years.

This case should not be regarded as conclusive. It however goes far to show that, under similar circumstances, the liability to a recurrence of disease is greater, though the attacks may be shorter, under the new, than under the old system. To some it may appear confirmatory of the doctrine of the self-limitation of disease. In either point of view, it must be regarded as instructive and interesting.

The writer approves of the frequent use of opium in the New England institutions, as a substitute for bloodletting and antiphlogistics in general. *Digitalis* is mentioned in terms of disparagement. I have seen many cases in which opium seemed to operate as a specific in allaying excitement. In others it was obliged to be discontinued in consequence of aggravating the unpleasant symptoms. There is a striking analogy, if not identity, between its action, when it operates as a sedative, and that of *digitalis*, according to the accounts of the authors who recommend this latter remedy. Both are directed to be given in small doses, and gradually, but indefinitely increased; in both the primary effect is stimulant, the ultimate sedative; in both the effects seem to accumulate. The same train of bodily symptoms attends the operation of each; torpidity of the senses, mental inactivity, depression of spirits, muscular debility, slowness of the pulse, coldness of the surface, nausea, vomiting, and, if carried too far, extreme prostration. When the patient is well under the influence of opium, the pulse ranges from 40 to 60, and in one person I have known it as low as 34, a minute.

No one will deny that when the irritability of an organ, or a part of the body, is increased, there is a tendency to an accumulation of blood in that part, proportionate to the degree of this irritability. This tendency is a vital law, established by nature for the safety of organized structures. Now, when this accumulation takes place within certain limits, we observe, as its effect, in the first place, an increase of the function of the part; and in the second place, a return of the part to its former grade of irritability, or it may fall below this. But, from some inappreciable circumstance, there is a second tendency connected with the first, which is, a disposition to excess, or to fill the vessels beyond the point at which they are enabled to carry on the circulation. A change in the structure, or the death of the part, must then take place, unless the vessels are relieved artificially. It seems necessary, that when irritability is increased, vascular fulness

should also be increased in order to supply it with the pabulum, by which to exhaust itself. This is true, be the cause a moral one applied to the brain, or a physical one applied to that, or any other part. The indications, then, in the treatment of insanity, are drawn from the above two sources, viz., the irritability of the brain, and its vascular fulness. Our object is, to maintain a certain relation between them; we are to endeavor to diminish either or both, if in excess, and to increase either or both, if deficient. The means by which we judge of this excess, or deficiency, are the activity of the functions of animal life, and the physical signs connected with vascular determination. When called to a case of mania, then, there are two things to be taken into view, before deciding on the course to be adopted. The first is the degree of vascular action; the second, the nervous excitability. By attending to the former, we avert organic disease; by attending to the latter, we correct functional disorder. It is true, inordinate action of the one cannot exist long without inordinate action of the other. And it is no less true, that all causes, moral and physical, act primarily on the nerves of organic life. Yet they must be considered apart, in order to estimate the bearing of each. By the administration of narcotics we lessen the susceptibility to the impression of stimulants, and among others to that of the blood. We take nothing from the system, nor from any part of it. There may be the same amount of blood at any moment in the same organ. But the sensibility to its stimulus being impaired for the time being, there is not the same amount of healthy secretion, nor of circulation, nor calorification. The reason is, they are effects of a common, compound cause, one of the elements of which is defective. This is true of the brain. Diminish the sensibility of that organ, and you diminish its vital actions, its circulation, its mental and moral manifestations, &c., though at the same time you may not diminish, you may even increase, the amount of blood within it at a given moment. From this view of the subject, the indications of treatment would be very simple, were it not for a material modifying circumstance. Experience proves that there is a primary stimulant effect of narcotics, which, in certain states of the circulation of the brain, renders their exhibition impossible, unless it is counteracted by other means.

On the other hand, if blood is abstracted, the excitability is not altered, but the stimulus which acts upon it is to a greater or less extent withdrawn. Excitement is reduced, but not excitability itself; for this last is but the effect produced by the mutual action of excitability and arterial blood. It may be increased, on the contrary. For its tendency is to increase by rest, and to be diminished by action. Hence fatigue after exercise; sleep itself, and renewed vigor after sleep. Hence the alternations between mania and melancholy. Hence, also, the tendency of certain diseases to run a defined course. And as the galvanic trough acts with more energy after its plates have been removed from the fluid, than when they have been immersed some time, so the brain, when its appropriate stimulus is withdrawn for a season, whether by diminution of quantity directly, or indirectly by diminution of velocity of the circulatory fluid (sleep), its inherent irritability continuing, it

manifests its former activity, or even passes beyond it, as soon as the circulation is restored, to be again dissipated by its own action—its activity proving a legitimate sedative ; a mode of operation by which nature supplies the place of narcotics, where she has them not at command.

The degree of muscular exertion is no more a measure of vital power, than the degree of mental excitement—no more in madness, than in tetanus. They are both the result of increased action of the nervous system, and may exist equally in a strong or weak person. To produce them requires an expenditure of vital power, and the longer, and more violent they have been, the greater the danger of prostration.

If these observations are correct, the question arises, when should we abstract blood ? and what should be our motive ? The answer is plain ; we should abstract it when there is vascular fulness of the brain, and the object should be to prevent organic alteration. Not the diminution of nervous activity. So long as a due relation is maintained between the circulating fluid and the irritability of the nerves, so long the brain is in the best possible condition for the restoration of its functions, no matter how great its activity. It resembles a glandular organ endeavoring to relieve itself of incipient inflammation, by an increase of its natural secretion—morbid, but still natural. And it would be better for a country practitioner to keep this object in view, and be governed by nothing else, than to undertake to cure insanity by bloodletting, or by opium, or digitalis, indiscriminately. The circumstances which modify this disease are so numerous, so discordant are the views of writers on this subject, and it is so seldom met with in private practice, that the practitioner is often at a loss what course to pursue when called to treat it. In this event, if he commits an error, he had better err on the safe side. By bleeding once, or twice, in the early stage, in vigorous subjects, he will scarcely do harm ; while by omitting it he may do irreparable injury. But should he attempt to put an end to the disease by exhibiting narcotics in large doses, without previous preparation by bleeding, he will often find all the symptoms aggravated. Should he commence with small doses, and gradually increase them, alarming prostration may occur when he least expects it, apparently from the accumulation of their effects. The practice of Armstrong in inflammations generally, which consists in bleeding to relieve the distention of the vessels, and after that in exhibiting liberal doses of opium to allay the irritability of the nerves, will be found as applicable to acute mania as to gastritis. Were this method adopted vigorously in the early stages, there is, I think, every reason to suppose that the disease might often be cut short, and the necessity of sending the patient to an insane asylum obviated. What is valuable in both modes of treatment might thus be happily combined, and conflicting theories reconciled to each other. We should not be likely to hear it said so often, that bleeding is followed by increase of the symptoms, for reaction in excess would be prevented.

Having extended these observations further than was at first intended, I shall omit the consideration of those cases where bloodletting is inadmissible at the onset. They are generally those which follow hæmorrhages, excessive evacuations, and long-continued debilitating causes.

Such patients recover rapidly under the use of tonics, opiates, and a nourishing food, when the cause itself is removed. On this head, the communication in question leaves little to be said. If in other respects I have animadverted on it freely, it is because it comes from a source which is justly regarded as high authority, and any erroneous impression it conveys will be extensively felt, and serious in its consequences. Though its views, separately considered, may be correct, and its cautions just, still by dwelling, as it appears to me, on exceptions to general rules, without pointing out minutely the circumstances which render them exceptions, the effect of the whole may be to produce doubt and indecision, where confidence and firmness should prevail, in the treatment of a disease, than which no one enlists our sympathies more strongly, or calls more loudly on the resources of medical science.

I have not ventured to differ in *opinion* from the highly respected author of that communication, so much as to draw attention to one or two points where, from want of definiteness, perhaps, he has not sufficiently explained himself. Thus, he has argued in general against bloodletting, while he admits that sometimes it may be beneficial. Again, he condemns opium in some cases, without, in either instance, specifying the circumstances that render the employment of the one, or the omission of the other, necessary. A more full development of his views, with the principles which regulate the employment of narcotics, from his pen, would be of value to the profession and to the community. His established reputation, the station he occupies, the success with which he has treated this disease, give us a right to expect something more than a mere annunciation of a departure from the mode of Rush and Cullen. H.

Boston, July 15, 1837.

OBSERVATIONS ON THE CLIMATE, &c. OF SANTA CRUZ.

(Concluded from page 379.)

ON my arrival at West End, in Santa Cruz, I soon heard of an intermittent fever, which at that time prevailed over a large part of the island. It was not unlike the fever and ague of our Western country. But it was a fatal disease in very few cases. It was, however, often a long, and very troublesome one; and it was daily a topic of somewhat anxious inquiry, what new cases of it had occurred? Visitants of the island, and especially invalids among them, could not but feel some apprehension of an attack of it. But few Americans, however, suffered from it; and the exposure of those to it was small, who were properly cautious in regard to dress, who were careful not to stand or sit in a draft, not to seek too quickly to cool themselves when suffering from excessive warmth, and not to expose themselves abroad to the air of evening. The slaves suffered much from it; and principally, because, after having labored through the day under a hot sun, against all admonition they would be out late for walking, or dancing; and, while greatly heated, return home through the damps of evening. I should say, how-

ever, that I was repeatedly assured, that the intermittent of the last year was far more prevalent, than had been any one during seven preceding years. Having passed eight weeks at West End, I removed to Bassin on the first of February. There I found that vegetation was, and had been, far less luxuriant than at West End; that but little rain had fallen for a considerable time, and that there had been no prevailing disease. I was repeatedly assured that not a case of intermittent fever had been known there, which had not been brought from West End. Little or no change of temperature was indicated by the thermometer. Yet I thought the air more elastic, and grateful, than at West End. This change of residence was also a very agreeable one, in the circumstances, that the eyes are not tried and pained by the gravelled streets and roads in and about Bassin; and, that the shade to be found in the numerous arcades there, and in the narrower, yet equally commodious streets, makes those streets far more favorable for a walk. Should I again go to Santa Cruz, I should prefer Bassin as my place of residence, unless there should be a well-situated and well-kept boarding house in the country. A good deal would be relinquished in giving up the rides and drives around West End. But more, I think, would be gained in respect to light, and air, at Bassin.

There are not a few invalids, to whom the question of the religious state of Santa Cruz will be one of great interest. And in reply to this question, I would say, that the established religion, which is that of Denmark, is Lutheran. Other forms of religion are, however, tolerated, except of the Methodists. Ministers of that class would not be allowed to officiate there. There is an Episcopal church at Bassin, and another at West End, in each of which an Episcopal minister officiates alternately every other Sunday; and in these churches, in the absence of the minister, prayers and a sermon are read by one of the wardens. There are a few Catholics in the island, and there is a small Catholic church at Bassin. But the most efficient, beyond comparison, of the clergy, are the Moravian ministers. Nor is there any one of all the classes of ministers in Christendom, which has so faithfully carried out the spirit of the Apostles. The Moravians began their missionary exertions in St. Thomas, forty miles from Santa Cruz, in 1732; nor, I believe, have their labors in these islands been since intermitted. They have three establishments in Santa Cruz; one in Bassin, one at West End, and another in the centre of the island; and they have six thousand slaves in their spiritual charge there. They preach only to the slaves, and in the mixed and negro-language which is peculiar to the slaves. They have shops for all smith's work, both in iron and copper; and their own labor furnishes about half the means of supporting their institutions. All the churches, like the houses of the inhabitants, are constructed with a reference to the freest course of air through them; and invalids are therefore greatly exposed to colds by going to church. And, although not from this cause, small is church-going there, when compared with the population. The task of a minister there, who would be faithful, must be a very painful one. The Moravians feel the greatest freedom in religious action, and exert incomparably the greatest influence. This in-

fluence is felt by all to be of the most salutary kind, and no obstacle is interposed to check it. A slave would much prefer to receive a whipping, than to have a complaint entered against him to the Boss,—by which term the Moravian minister is distinguished among the slaves. A sort of court is held every Tuesday evening by the Moravian ministers, and their wives; and slaves, who would have advice as to their conduct, or who have complaints to make of each other, on that evening go to the Moravian establishments. The females of these establishments have then the charge of the female slaves, and the ministers of the male slaves; and on these occasions, conflicting passions are reconciled and harmonized, and enemies are made friends. The fear felt of the Boss is no other than the fear of a temporary excision from the church. But this is a greatly dreaded evil. The Governor General of Santa Cruz told me there was a Moravian minister at St. Thomas, who was more effective for the security of that island, than would be two hundred soldiers.

It is said that slavery is no where to be seen in a more modified, or less repulsive form, than in Santa Cruz. And it is to be acknowledged, that much is due to the Governor General for what he has done, both to lighten the yoke which he has not been able to break, and for the security of right and justice to the free men of color in the island. Slavery, there, *is* of a mitigated form; and the free black, or colored person, has there all the civil privileges of a Danish subject. A very large proportion of the mechanics of the towns are colored men. In the militia there are two colored corps; and one of the aids of the Governor is a colored man. I have also repeatedly seen colored men at the levees held at Government house; and the Governor would, if he could, bring about a free intercourse, and an exchange of visits, between the white and free colored population. But great as is his power, and he is a representative of the absolute majesty of Denmark, he has been unable to effect this. Yet a slave, equally as his owner, may carry his complaint immediately to the ear of the Governor; and I was assured, that as prompt and impartial justice would be rendered to the bond, as to the freeman. The meaning of this, without doubt, is, that the slave will receive as impartial justice, as can be rendered to him while yet he shall continue in slavery. In the sale of a slave, or of slaves, the law forbids an owner to separate a husband and wife; or to separate a child under eleven years of age from his or her parents, provided the parents are husband and wife. But I was told, also, that but few of the slaves are legally married; and that little or no interest is felt by their owners on the question, whether they come together by mutual consent, or are connected by a marriage service. I am glad likewise to be able to state, in this connection, that a slave who is resolved that he will be free, may go to his owner and demand an appraisement of himself. If he shall be satisfied with this appraisement, and shall be able to earn, or otherwise to procure, the sum at which he has thus been appraised, his owner is obliged, on the receipt of this sum, to emancipate him. Or, should he be dissatisfied with the appraisement made by his owner, he may demand an appraisement of himself by a board of reference, to be chosen for the

purpose of appraising him, it being understood that his owner shall make one of this board. The power of appointing referees for this object is vested in one of the judges, and the owner must abide by their decision. And slaves actually thus obtain their freedom. To every slave family is allowed a small patch of ground on the estate to which they belong; and on this vegetables, and poultry, and a pig or two, may be raised, either for home consumption, or for the market. All the horses and ponies in the towns are fed principally upon Guinea grass; and by far the greatest quantity of this grass is supplied by slaves who carry it to town in bundles upon their heads, and who receive for themselves the sums for which it is sold. On some estates, every Saturday, and on some others, every other Saturday, is allowed them, for labor for themselves. By these means very considerable accumulations of money are made by the slaves, all suspicion of which, however, they are very careful to avoid. A gentleman there, who had several times advanced the sums at which slaves had been appraised, upon their agreement that they would work for him, for a specified time as servants, or as hired persons, told me that a woman came to him, and begged that he would purchase her, and allow her to work for him till she should have repaid him. The sum required by her owner was, I think, \$150. She had brought with her \$40 of this sum, and her object was that he should advance the balance. He told her that he could not at that time conveniently spare the amount she wanted. She went away, and in an hour or two returned with 109 Spanish dollars, which she had borrowed of a female slave, for which he was to become security; and thus obtained her freedom. Able bodied slaves, from twenty to forty years of age, are sold there at all prices between a hundred and fifty and three hundred dollars. The average price of good field workers is about \$200; and of capable mechanics, from 3 to \$500. In two, or at most, in three years, an industrious and enterprising slave may earn enough to purchase his freedom. It is, however, not uncommon that parents purchase the freedom of their children, rather than their own. A gentleman told me that he had a slave, who was a carpenter, and who had a wife and eight or ten children. This man was allowed to earn what he could for himself by working abroad every Saturday; and with the sums thus earned, together with those obtained from the sale of the produce of his patch of ground, he purchased successively the freedom of his wife, and of each of his children, while yet he continued himself a slave. Was he not a noble being?

I would not, however, enlarge upon this topic, in a work professedly scientific; and will therefore only add, that both the slave population, and the productiveness of the soil, are considerably less than they were thirty or thirty-five years ago. The land is exhausted in much of the island from having been overwrought; and the slaves have decreased in number, from the circumstances, 1st, that, at the time when the further importation of them was interdicted, the number of females was considerably less than of the males; 2dly, from the number that have purchased, or have otherwise received, their freedom; and 3dly, from the mortality among them, which has attended the prevalent intermittents of the isl-

and, of which disease the slaves are principally the victims. Slave property is also constantly deteriorating there, from the prevalence of the conviction, that the certain, and not far distant result of the English emancipation law will, and must be, the emancipation of all the slaves in the West Indies. The population in the year 1800 was,

Of white males,	1293	}	2223
Of white females,	930		
Of colored males and females,	1164		1164*
Of male blacks,	11670	}	21706
Of female blacks,	10036		
Total,			25093

Formerly, both coffee and cotton were cultivated there. The only exports of the island now are, sugar, rum, and molasses. Upon a good estate, and with a good crop, the profits from the rum and molasses will support the slaves. The sugar, in this case, gives the net income of the proprietor.

I have spoken of the mortality among the slaves during the prevalence of intermittent fever. It is to be observed, also, that elephantiasis is common among them. In our daily walks and drives we met those, both in towns and in the country, one or both of whose feet were enlarged to an elephantine size. And the spectacle is a very painful one. I observed several cases, in which one or more of the toes had disappeared; and the skin of the foot had the coarse and rough appearance of an elephant's hide. I saw one instance in which the disease had extended from both feet, to the upper part of the thighs; and both of the lower limbs, in this case, were nearly three times larger than the natural size. Under this disease, the poor creatures who are the subjects of it can walk, but are wholly disqualified for labor. Men of this class, therefore, and those who are broken down by age, are employed as watchmen of the cane fields. These fields are not enclosed by fences, and must therefore be guarded. This disease is, I believe, a species of leprosy; but, unlike the ancient leprosy of Judea, it is not contagious. The blacks also, I was told, are peculiarly liable to lock-jaw; and it is remarkable, that a very large number of their children die of this disease, within the first nine days after their birth. A gentleman there said, that a fourth part of the black children born upon his estate, had died at this early age from lockjaw; and that little security was felt there of the life of a black infant, till the ninth day from its birth had passed. This, however, was a very remarkable proportion of deaths from this cause.

The slaves, I may likewise observe, have two holidays in the year; one at Christmas, and the other on new year's day. At Christmas, every slave receives six pounds of white flour, six pounds of pork,

* The colored population consists of those who are neither black nor white. They are, 1st, Mulattoes, one of whose parents is black, and the other white; 2d, Mustees, one of whose parents is white, and the other a mulatto; 3d, Costees, one of whose parents is white, and the other a Mustee; and, 4th, Samboes, one of whose parents is black, and the other a Mulatto. The number of these is a fact which requires no comment.

about four pounds of sugar, and a bottle of rum. Their usual allowance is six quarts of kiln-dried corn meal, and ten or twelve herrings a week. Some owners, however, allow each of them a ship biscuit every morning at going out to work, during the time of holing, or of digging the trenches in which canes are planted. The above named holidays are welcomed in by the beating of drums. Great preparations of dress are made for these occasions; and no inconsiderable part of their earnings must be expended, in the decorations with which they provide themselves. A complete Saturnalia is then to be seen there. The houses of the proprietors of slaves are thrown open; and long processions of slaves, decked in silks, and in snow white muslins, and with banners and music, enter at will the habitations to which they determine to go, obtain undisputed possession, are served with cakes and wine by their owners, or by others upon whom they may call, and dance till they shall be disposed to depart. A day or two before one of these holidays, a gentleman told me that he was obtaining small Danish coin, in exchange for two doubloons, for distribution among the slaves who would be at his house; and on a visit which I made that day to his house, I found him alternately serving his guests with cakes and wine; and, although he was seventy-three years of age, joining with them in their dances. The queen of one of the bands at that house was the slave of a mulatto woman. The noise of the music, which was of drums and kettle drums, made it quite impossible that the voice should be heard. But their liberty expired with the day. They slept, and were again *slaves*.

Sunday is the great market day in Santa Cruz. On that day vegetables and fruits are brought to the towns by slaves from the country; and I was repeatedly told, that "nearly all," or that "nine tenths of these were stolen." The meat markets are in shops, and are well supplied with beef, mutton and pork. Poultry, like vegetables, is generally brought for sale from the country. But there are also good fish markets in the towns. The price of butchers' meats was sixteen cents a pound; and for the poorest pieces, the same price is required as for the best. The butchers, however, are not allowed to sell any of their meats till the garrisons shall have been supplied from their stalls. The richest subject must wait in the purchase of his meats, till the soldier shall have been served.

The boarding-houses of the last winter were, at West End, No. 10 Strand street, which is the most pleasantly situated, and best constructed boarding-house in that town; Mrs. Boyles's, Mrs. Codwin's, Mrs. Rogers's, Mrs. Aiken's, and Mrs. Briggs's. About a mile north from West End, is a beautiful place called Prosperity, where a boarding-house was kept by Mrs. Van Brackle; and a good house, in a very healthy situation, was kept by Mrs. Smith at Stoney Ground, about a mile and a quarter south from West End. At Bassin, I boarded with Mrs. Hanson, whose house I can recommend highly. Mrs. Hanson has been long enough in America to know the habits and tastes of our countrymen, and no attention will be neglected by her, which she can pay to her boarders. Mr. Springham also keeps a very good house in the outskirts

of the town. His estate is called Richmond. And I can confidently recommend the house kept by Mrs. Carden. The inmates of that house were, I believe, all entirely satisfied with it. The general price of board, without wine or spirits, is \$10 a week; and for young children, and servants, \$5 a week for each. Washing is a separate expense, and is done, according to the quantity of clothes used, at from \$1 to 1,50 a week for each person.

The Danish currency of Santa Cruz is as follows.

1st, Metallic, or

Stivers, each of which is worth one cent and a third of a cent.

Three stiver pieces, each equal to half a good bit, or four cents.

Five stiver pieces, each equal to six cents and two thirds of a cent.

Ten stiver pieces, each equal to thirteen cents and one third of a cent.

A good bit is a nominal coin, and is equal to six stivers, or eight cents. Fifteen old bits, or five stiver pieces, or twelve and a half good bits, are equal to one dollar. A piece of eight, also a merely nominal coin, is equal to sixty-four cents. A Patriot doubloon is equal to sixteen dollars.

2d, Paper, or Governmental Notes. These are for

5 pieces of eight, equal to \$3 20.

10 pieces of eight, equal to \$6 40.

50 pieces of eight, equal to \$32 00.

100 pieces of eight, equal to \$64 00.

The American eagle, half and quarter eagle, and the American and Spanish dollar, half and quarter of a dollar, are received there at their estimated value here. And these will be found a much more convenient form of money there than the Patriot doubloon, on which Americans have hitherto principally relied for their expenses in Santa Cruz.

In this connection I am reminded to say, that whoever shall visit that island with an intention of passing the winter there, should carry with him such medicines as may probably be required for the illness under which he is suffering, or for any illness which may reasonably be apprehended. For example, the medicinal agent principally relied upon in cases of intermittent fever, is quinine; and two dollars a dozen were required there last winter for quinine pills, of one grain each. For twenty pepperine pills, three dollars and twenty cents were paid; ten cents a drop for a solution of morphine; and thirteen dollars for thirteen leeches, five only of which were used. The cost of almost all medicines is exorbitantly great there. By incurring a small expense here, therefore, he may there save himself from a large one.

I ought to add, that no one is permitted to leave the island without a passport. An American passport may be obtained from the Secretary of State for the United States, without any cost for it; and with this, countersigned at Santa Cruz, a visiter may leave the island. An American passport is countersigned upon the payment of \$2. He who has not such a passport, must obtain a Danish one, for which he must pay \$9,60.

But although no one is permitted to leave the island without a pass-

port, it will yet be a circumstance of no small gratification to those who may go there, that letters and parcels which may be sent to them will at once, and without expense, be conveyed to them. There is no governmental post office in Santa Cruz. Letters, and parcels of newspapers, &c. are taken from the vessel which brings them, to the counting room of the merchant to whom the vessel is consigned; the letter bag is there opened, and a boy or man is at once sent out to distribute its contents among those to whom they are addressed. To this boy, or man, every receiver of a letter or parcel gives a five stiver piece. But this is a free-will offering. The merchants in the island are in this respect very kindly attentive to strangers. Even letters and parcels which may arrive in one of the towns, and be addressed to individuals in the other, are sent off at once, by express, to the town in which these individuals are residing, and are there immediately sent to them. These are circumstances which call for very grateful acknowledgment. They are among the most valuable of the hospitalities which could be extended to strangers.

I hope you will not think this letter an unreasonably long one. It would have been easy to have extended it. But, such as it is, you will receive it as a small offering of the gratitude and affection with which I am your friend,

JOSEPH TUCKERMAN.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 26, 1837.

TRANSYLVANIA UNIVERSITY.

A PAMPHLET of some forty pages, entitled a "*A Narrative of the dissolution of the Medical Faculty of Transylvania University, by Lunsford P. Yandell,*" has been received. As there are always two sides to a story, it is presumed that this presents only one of them; the other has been adverted to by us, occasionally, whenever new circulars have been issued. In all this controversy, it is very evident that the two parties have been contending for power. The vanquished are making appeals to the people, who generally care not a straw about the matter when *doctors disagree*.

Dr. Yandell, in company with Dr. Caldwell, is one of the ex-professors. He manifests a good share of independence, and avows, most decidedly, that a school of medicine is contemplated at Louisville. In a spirit of triumph, for it savors of nothing more strongly, he says, in conclusion, alluding to the narrative, "if we have dealt harshly with the professors, let it be remembered that they have brought it upon themselves by the clamor which they have wantonly raised against our city in places where she may be seriously affected by unfounded prejudices. We now call upon the Legislature, in the name of our fellow citizens, to charter a medical institution in Louisville, forthwith. Let that be done, and then let the Transylvania School look to itself." A new school, we have no

doubt, will ultimately be organized at Louisville ; but the other cannot very easily be destroyed. We have no hesitation in saying that there are already too many medical colleges in this country ;—the old ones, well managed, are equal to the wants of all North America.

Dr. Bushe's Library.—A catalogue of the very rare and valuable library belonging to the late Dr. Geo. M. Bushe, of New York, which was to be sold at auction, a week or two since, with a rich collection of surgical instruments, was received here at a period too late to serve the interests of the widow, by circulating a notice of the sale, which we regret exceedingly.

There were six hundred and forty-two authors named, giving, probably, over a thousand volumes in the whole, a large proportion of them being illustrated with plates, and embracing all the works in the French, Italian, Latin, German, and English languages, that could be coveted by a practical surgeon. An opportunity like this, for procuring scarce productions of other countries, has not been presented here for a long time. It is hardly to be expected that the original cost could have been realized, as professional men only can form a correct estimate of the dearth of those elegantly executed quartos and folios which are occasionally prepared abroad. For the sake of the family, bereft of a gifted father and protector, in a land of strangers, we hope that no unnecessary sacrifice has been made of this unique library.

In connection with this subject, it is appropriate to remind Messrs. French & Adlard, publishers, that nothing like an adequate supply of Dr. Bushe's *Treatise on the DISEASES OF THE RECTUM* has been placed in the Boston market. One bookseller remarked that he could have disposed of twenty copies last week, if they had been furnished from New York. It generally happens that the physicians here at the north, who are distinguished for their avidity in collecting new publications, are the last to be served. As this must continue to be a standard book, a large edition, widely distributed to the trade, is deserving the immediate consideration of the New York publishers.

Geology of Ohio.—Preparations are making for an extensive geological survey of Ohio. The appointments are made by Governor Vance—and Prof. W. W. Mather, of New York, a graduate of West Point, is appointed to the head of the survey, and Dr. S. P. Hildreth, of Ohio, is first assistant.

The Regents of the New York University have appointed Dr. Alban G. Smith, of the Medical College of Ohio, professor of Surgery in the College of Physicians and Surgeons of the State of New York.

Erratum.—The concluding sentence in the case of monstrosity, in last week's Journal, should read as follows :—"No species of monstrosity so completely excludes the idea of viability."

TO CORRESPONDENTS.—A notice of Dr. E. H. Barton's Introductory Lecture on Acclimation, Dr. Braman's case of peritonitis, Dr. H.'s and other papers, are excluded this week by a press of other matter.

DIED,—At Baltimore, Md. Dr. Thomas R. Johnson, of the U. S. Army, 36.

Whole number of deaths in Boston, for the week ending July 22, 27. Males, 14—Females, 13. Consumption, 5—infantile, 4—lung fever, 2—suicide, 1—convulsions, 2—inflammation of the bowels, 2—typhus fever, 1—drowned, 3—dropsy on the brain, 1—dropsy, 1—old age, 2—cholera infantum, 1—inflammation of the heart, 1—inflammation of the heart and colic, 1—stillborn, 1.

VERMONT ACADEMY OF MEDICINE.

THE Autumnal term of the Vermont Academy of Medicine commences on Thursday, the 10th day of August, 1837, and continues thirteen weeks.

Theory and Practice of Medicine and Materia Medica, by	- -	WILLIAM TULLY, M.D.
Surgery, Obstetrics, and Diseases of Women and Children, by	- -	THEODORE WOODWARD, M.D.
Chemistry and Natural History, by	- -	JOHN D'WOLF, JR., A.M.
Anatomy and Physiology, by	- -	JAMES H. ARMSBY, M.D.
July 26—31		

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1837, will commence the last Thursday in August and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - - -	H. H. CHILDS, M.D.
Pathological Anatomy, by	- - - -	E. BARLETT, M.D.
Materia Medica and Pharmacy, by	- - - -	DAVID PALMER, M.D.
Botany, Chemistry and Natural Philosophy, by	- - - -	C. DEWEY, M.D.
Surgery and Physiology, by	- - - -	W. PARKER, M.D.
General and Special Anatomy, by	- - - -	R. WATTS, JR., M.D.
Legal Medicine, by	- - - -	HON. HENRY HUBBARD.

Fee for the Tickets of all the Professors, \$50. Those who have attended two full courses at an incorporated medical school, \$10. Graduation, \$16. Board not exceeding \$2 per week.

By an act of the Legislature of Massachusetts, passed April, 1837, the Berkshire Medical Institution is constituted an *Independent Medical College*, with authority to confer degrees, and the graduates are entitled to all the privileges and immunities which pertain to the medical graduates of Harvard University.

By a vote of the Massachusetts Medical Society, passed the 21st of May last, the graduates of the Berkshire Medical Institution, are ex officio entitled to admission as Fellows of said Society.

July 19—61

C. DEWEY,
Dean of the Faculty.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DERGIN, Portland, Me.; JOSEPH BALCH, JR. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn. May 10—6m

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.	Fees.
Anatomy, and the Operations of Surgery, by JOHN C. WARREN, M.D.	\$15
Chemistry, by JOHN W. WENSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,
Boston, July 5, 1837. tNov. 1. Dean of the Faculty of Medicine.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVI.]

WEDNESDAY, AUGUST 2, 1837.

[NO. 26.]

REPORT OF THE NEW HAVEN CO. MEDICAL SOCIETY.

(Concluded from page 347.)

[THE favors of correspondents have so crowded our pages for some weeks past, that we have been unable to continue this Report; and now, instead of inserting the remainder entire, we must give only detached portions, as we cannot otherwise finish it in this volume of the Journal.]

But how far are the laws relating to our profession really exclusive or oppressive in their operation, and what is the penalty attached to their neglect? They do not prevent the freest competition, and all the benefits which flow from it; or a supply of licensed physicians at all times equal, at least, to the demand. They do not point out to the people the person they shall employ when they are sick. They allow all the utmost freedom of choice. A man who is ill, or even *not* ill, can employ a "regular doctor," or a "botanic doctor," or an "Indian doctor," or a doctress, one or more, until his means are exhausted, and no one has business to interfere. He can swallow calomel, or lobelia, or tansy tea, or "doctor Brandeth's pills," or nothing, as best suits his fancy. He can have the fullest benefit of that peculiar wonder-working skill which comes from inheritance, or purchase, or inspiration, or inoculation, or which is the possession of root-doctors, patent-doctors, cancer-doctors, &c. and which a man whose knowledge is derived from observation and study can, of course, never learn. Nor does the law prohibit the man (or woman), who has this skill, from using it to the utmost advantage, either of himself or the world. He is not liable to a prosecution for *improving* his faculty, like the unlicensed attorney, or tanner, or auctioneer.

But the unlicensed practitioner cannot collect his fees! True, he cannot *by law*; or rather he cannot *enforce* payment. This is the penalty, and the whole penalty, for neglecting to qualify himself for his business, and submit to an examination relative to his attainments.

No inconsiderable part of the beneficial effects of the present medical laws is derived from the sanction and authority which they give to just and healthful sentiments on an important subject. They may be considered as the expression of an opinion, by wise and influential men, that an intelligent, learned and faithful medical faculty should be sought, and encouraged, and trusted—an opinion having no slight weight with the community at large. They virtually say—

We, the enactors, representatives of the people, being impressed with the importance of an able and skilful body of physicians, and the necessity of education and a diligent course of training preparatory to the successful exercise of the medical art, do enact, &c. We need not say that the repeal of the medical laws, under present circumstances, would have the effect to throw the whole weight of legislative authority into the opposite scale. Such repeal would, virtually, be an expression of the opinion that medicine is not a science, and is not learned by observation and study; that the art of curing diseases may be something akin to a knack or "gift;" that the ignorance and stupidity of a man afford no ground for distrusting his competency and skill as a "doctor;" and that mountebanks and knaves, and all that genus, are just as likely to be skilful and trusty physicians, as men of science, learning and honor, and therefore ought not to be discouraged.

* * * * *

What may be called *Doctor Thomson's theory*, invented by himself (we call him *doctor* to show that we are willing to share the honor of the title with anybody who claims it), seems to be a mutilated copy of a very ancient one, originally the property of one Hippocrates (who lived some three thousand years ago), the remains of which are still to be traced among the medical wiseacres of our land—those skilled in traditional medical knowledge. It had its birth, of course, before the dawn of accurate science. We give the gist of the theory, as *discovered* by Dr. Thomson, in his own words.

"I found, after maturely considering the subject, that all animal bodies are formed of the four elements, earth, air, fire, and water. Earth and water constitute the solids, and air and fire, or heat, are the cause of life and motion. That cold, or lessening the power of heat, is the cause of all disease; that to restore heat to its natural state was the only way in which health could be produced; that the constitutions of all mankind being essentially the same, and differing only in the different temperament of the same materials of which they are composed; it appeared clearly to my mind, that all disease proceeded from one general cause, and might be cured by one general remedy; that a state of perfect health arises from a due balance or temperature of the four elements; but if it is by any means destroyed, the body is more or less disordered. And when this is the case, there is always an actual diminution or absence of the element of fire or heat; and in proportion to this diminution or absence, the body is affected by its opposite, which is cold. And I found that all the disorders which the human family were afflicted with, however various the symptoms, and different the names by which they are called, arise directly from obstructed perspiration, which is always caused by cold, or want of heat; for if there is a natural heat, it is impossible but there must be a natural perspiration."

All this, or rather the original of all this (for the copy is mutilated and imperfect), is ingenious enough, when it is considered as the product of pure reflection, without the aid of observation and experi-

nient, or the lights of modern science (and it should be so considered in the case of Hippocrates, the author); but what are we to say of such wretched stuff, put forth, at this day, as true and original doctrine? "I found," says Dr. Thomson, and "I found," he repeats; but how did he find what he describes? why, by "maturely considering the subject." And is this the way to analyze a man's frame? Why did he not first look into the human body, and then tell us what it is made of, instead of staring on its outside, and afterwards "maturely considering" its composition? Really, we feel that we are consenting to an act of humiliation in exposing such obvious absurdity—such nonsense, thrice distilled. To tell the truth, we feel ashamed of ourselves, ashamed of our common nature, and ashamed even of our country, that circumstances, aye, that *public opinion*, should require of us this exposure. What school boy does not know that neither of the above named elements are elements, with the exception of heat? Earth consists of more than sixty elements; air, of at least three, oxygen, nitrogen, and carbonic acid gas; and water of two, oxygen and hydrogen.

"Cold," the doctor continues, "is the cause of all disease"—for instance, fever, itch, smallpox, the inflammation which follows a *scald*, salivation from calomel, and, we suppose, broken bones and pregnancy, for we have noticed that Thomsonians steam for both! But if cold is such an enemy to life, how happens it that people should live in Lapland, or why should they die under the equator? But the doctor himself says, in another place, that bad food is a cause of disease, and in another that filth is a cause, and in a hundred other places, that sickness is produced by the "regular doctors!" On one occasion, he estimates that nine tenths of all the sickness of our country is caused by calomel, opium, antimony and the lancet! Can it be necessary to say more of Thomson's *theory*?

* * * * *

Thomson and his followers have much to say about there being vegetables enough in every country to cure the diseases incident to its climate. When, asserting this, they probably forget that capsicum, of which they make constant use, is not a native of New England, or even of the United States. For some very queer reasons, Thomson even condemns that which is cultivated at the south. Myrrh and cloves, too, grow no nearer us than Arabia and the East Indies, and ginger as far off, at least, as Mexico. Of the eight compounds which Thomson has patented, four of them (Nos. 2, 5, and 6, and "composition powder") *always*, and two others (Nos. 3 and 4), *occasionally*, contain articles of foreign growth!

It is mentioned, too, by the botanic faculty, as an insurmountable objection to the regular physicians, that they conceal their knowledge and deceive their patients by the use of hard, jaw-breaking names. But what are we to say of the patent doctors, who are so afraid of names of any kind, because they sometimes betray secrets, that they designate their medicines by numbers and arbitrary terms invented for the purpose, whose signification it is impossible to ascertain ex-

cept by the purchase of a "right," or by accident, as in the case of ourselves. The technical terms used by physicians are the received terms of science, whose meaning may be learned by any one ignorant of it, by looking into such books as are to be found in the hands of every medical man, and in every book-store. Such terms are a lock to which every one has, or may have, the key; whereas, numbers are a lock to which there is no key, except to the initiated, or purchaser of a right. Here, again, we feel that the duty of exposing such pitiful objections is a degrading one; but it has been imposed upon us by authority which we could not disregard. A hundred other objections, like those already noticed, we might examine—but we forbear.

We shall allude to but one other topic. Much odium has been cast on our profession by fixing on it an unpopular name. It has been urged, sometimes with great vehemence, that our medical laws ought to be repealed, because they make the practice of physic a *monopoly*. This, possibly, may be brought forward as a reason (a poor one enough, as we have already shown), by those who are not themselves engaged in a monopoly; but how can the friends of the botanic system (as it is fondly called), plead thus, when that same system is the most perfect monopoly in the world. No man has liberty to employ Thomson's medicines, in the manner described in his patent, without purchasing a "right!" Let a person's disease or suffering be what it may, let him be in the agony of death even, and a sympathizing friend cannot so much as prepare and administer a single grain of Thomson's No. 1, without exposing himself to a prosecution. Should Doctor Thomson himself be sent for in such a case, he would not give a single particle of medicine (such has been his course for many years, as declared in his "Narrative"), unless a right, costing twenty dollars, should forthwith be purchased. Was there ever so unwarrantable a use made of law? If Thomson's system possess but a tithe of the value which his advocates claim for it, he is beyond all comparison the greatest monopolist in the land. He holds in his fist a power which it is not easy to estimate, and which should never be entrusted to any one man in this republican country. He has a certain patent mode of curing all diseases, of removing every pain and infirmity; but no one can derive any benefit from it, either for himself or his friends, should his poverty or his principles forbid his paying twenty dollars for a patent! Let those who talk so much of "equal rights," ponder this matter.

A botanical doctor's monopoly is founded entirely on purchase. His patent right is his license. Secure in the exclusive possession of this, and intrenched by laws which operate as though made expressly for his benefit, he laughs at competition, and bids defiance to the world. He needs no study, no science, no knowledge, no sense, nothing but ample means of purchase, and he is a member of Dr. Thomson's "Friendly Botanic Society"—one of a privileged class—and can threaten with the terrors of prosecution all such as attempt to use lobelia, red pepper and steam, in the manner that he does.

If our profession, then, under the present laws, is a monopoly,

Thomsonism is a much greater one. The laws, in the first case, may be considered as reading thus—No man who shall practise physic, without having previously studied at least two years, been examined as to his qualifications, and received a certificate of his competency, shall be allowed to collect his fees by process of law. In the second case, they may be regarded as reading thus—No person shall practise as a botanic doctor, unless he shall have previously purchased a right of Dr. Thomson, under the pains and penalties of a prosecution before the United States court. As the present movement in regard to the repeal of the medical laws is made avowedly for the benefit of the steam fraternity, we would ask the question whether the friends of this movement would not find their account in dwelling no more on the odiousness of monopolies?

For the reasons which have been given in the foregoing pages, we cannot but hope that the legislators of this highly enlightened State will weigh well the matter, before giving their solemn sanction to what we, in our hearts, conceive to be a great system of imposture. We cannot but look on the present endeavor to procure a repeal of the existing medical laws, as an attempt to break down and disgrace the regular medical faculty; to bring learning and science into discredit; and to build up on the ruins thereof a set of idle and irresponsible men—adventurers in the great business of medical imposture—who, as a body, have no one of the numerous qualifications which we conceive to be necessary to a skilful and trusty physician. We have no doubt that this attempt, even though it attain its immediate object, will prove abortive in its ultimate aim. We know that this enlightened community will never countenance quackery as a general and permanent thing; but, at the same time, we have good reason to believe that many honest men will be perplexed, many minds unhinged, and individual opinion in hundreds of cases unsettled, should the present excitement against medicine as a science, and in favor of medicine as a “gift,” be encouraged.

DR. FULLER'S REPLY TO DR. HINCKLEY, ON WOUND OF THE
RECTUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the present volume of the Journal, page 173, is a communication from Dr. Hinckley, of Vermont, detailing a case of wound of the rectum and its treatment under his prescriptions, and commenting severely upon my case of wound of the same, which was hastily sketched, and may be found at page 105 of this volume. I may not have conveyed a clear and definite description of that wound. I found it difficult to do so, as I took no notes at the time, and the situation of the wound was such that actual inspection and examination alone could convey a clear and distinct idea of its nature and extent. Yet I did not expect that I should be wholly misunderstood, or if understood, that it would be thought a severe and unnecessary operation had been performed.

I will again attempt to describe the wound. The horn of the ox en-

tered within three fourths of an inch of the verge of the anus, denuding the rectum, passing up about four inches, then perforating the rectum, making an aperture about the size of a quarter of a dollar, lacerating and tearing away the whole of the integuments back to the os coxygis. The sphincter ani, having its attachments posteriorly and laterally torn away, was drawn forward and strongly contracted, so that the wound made by the horn was of sufficient size to admit the whole hand.

Dr. Hinckley has presented the case of a child five years old, slightly wounded in the rectum by a broken board nail. He attempts to draw a parallel between the two cases, but acknowledges they are "not exactly parallel," and comes to the invidious conclusion that in my case the operation was wholly uncalled for.

Let us contrast them. In the case of the boy, the nail "entered the rectum about one inch or an inch and a half above the sphincter ani." "Externally the wound was about one and a half inch long," and of the diameter of the point of a board nail. There was spasmodic contraction of the sphincter at the time the Dr. examined it, which was on the same day, and probably soon after the accident, and fecal matter was discharged through the wound. A cathartic was given, and a poultice applied; on the fourth day "a part of the feces pass by the anus, and a part through the wound," and on the fifth day "no feces pass by the wound, but all per anum." We all know how readily a wound or a fractured bone will usually unite in a child. Had the friends of the boy waited until the fifth day, as in Webb's case, in all probability Dr. Hinckley would never have been called; for by that time the wound would have closed of its own accord.

My patient, Mr. Webb, was a large, plethoric, and very muscular man. He had been wounded five days prior to my first visit. The weather was warm; the wound had an unhealthy appearance; the sphincter ani was permanently contracted, leaving the wound gaping; there had been constant involuntary discharges of the feces through the wound, but nothing had passed per anum; the wounded surfaces did not come in apposition; the upper lip, if I may be allowed the term, jutted over the lower about one inch. Cathartics had been given, opiates to control the bowels, the wound often cleansed, a tent partially introduced to prevent the constant fecal flow; a bread and milk poultice had *not* been applied, and yet at the time of the operation, nine days after the injury was received, there did not seem to be any probability that the wound would unite either by the first, second, or any other intention. There seemed no alternative but that the patient must drag out a miserable existence, having a large artificial anus in the worst possible position, or submit to an operation and have a chance of being restored to comfort and usefulness, as he now is, being able to labor upon his farm and support his family.

It was distinctly stated, in my former communication, that in consultation with Dr. Hubbard an operation was agreed upon, but that a few days delay was necessary to prepare the patient for the operation. To preserve the wound from constant irritation occasioned by the unremitted discharges of pus and feces, a tent was introduced, as well as opiates

given, but even then the wound was not long kept from irritability. Dr. Hinckley labors under an error if he supposes we expected to heal the wound by filling it with a foreign material.

Dr. H. considers the wound in Webb's case "bears almost no analogy to fistula in ano." "In one (fistula in ano) the ulceration is the effect of a specific diseased action, producing an ulcer of a peculiar character, very far from healthy." I did not speak of the *specific character* of the wound in this case as bearing analogy to fistula in ano, but of its *position*. But I deny the Dr.'s premises in toto. An operation for fistula in ano is not resorted to on account of a "specific diseased action producing an ulcer of a peculiar character," but *on account of the relative position of the parts*. If you operate in fistula in ano, because the ulcer is of a peculiar character, having its origin in a "specific diseased action," why not operate in all ulcers, wherever situated, possessing the same specific origin? In fistula in ano the fistulous canal is kept open by the contraction of the sphincter ani; you divide the sphincter, and the canal will be closed by adhesion or granulation. In the case of Webb, therefore, the principle of the operation was reduced to the same as that for fistula in ano.

When Dr. Hinckley again commences an attack upon surgeons "down east" who have seen something of service, he will do well to look to the principles he himself advances.

A. P. FULLER.

Albion, Me., July 3d, 1837.

ACUTE PERITONITIS.

BY ISAAC G. BRAMAN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 20th of June, I was called to see D. B., a strong, healthy child, born of Irish parents, aged about four years. On my arrival I found him suffering considerable pain from a carious tooth. This I readily extracted, and, as there appeared to be some nausea at the stomach, with coated tongue, I prescribed a gentle emetic. It operated kindly, bringing away a considerable quantity of dark vitiated bile and phlegm. I left him quite relieved, and being busily engaged, did not see him again during the day. The next morning a messenger came for me in great haste, with the information that "Daniel was almost dead." I repaired immediately to the house, and found my little patient exhibiting the following symptoms. He lay upon his back in bed; knees drawn up; abdomen swollen, and intensely painful to the touch; great heat and dryness of the skin; nausea and vomiting; pulse 180, hard, and contracted. Upon making inquiry of the mother as to how he had appeared since I saw him, she remarked that he was quite comfortable after the operation of the emetic till evening, when he was seized with a fit. He had two or three of them during the night, and also vomited several times. She (no doubt with honest intention) had "given it milk, flour and water, herb tea, and a host of other things," but the

more she did the worse it grew. Of course I had no difficulty in accounting for the good woman's failure.

To allay the irritability of the stomach, I directed the following: R. Croosote gtt. i. aqua pura ʒi. M. Let him take ʒi. every 15 minutes if necessary. There was no vomiting after the first dose.

The next question to be settled was the course I should pursue in arresting the progress of the disease. The parents were utterly opposed to venesection or vesication. All I could persuade them to submit to, was a small blister over the bowels, which was on but a short time before it was taken off, without accomplishing anything of importance. However, I will say that I should have insisted more strongly upon bleeding, had I not been very much prepossessed in favor of ol. terebinth as a remedial agent in this complaint, and had long wished for an opportunity to give it a fair trial. Here, then, was one, and I determined to improve it. I commenced with the following form. R. Ol. terebinth, ol. ricini, āā. M. Take ʒss. every two hours, till bowels are opened. 7, P. M., has taken the medicine three times; no dejection. Continue same with 4 grains sub. m. hyd. in the intervals.

22d, 8, A. M. There has been two dejections, of quite dark character and fetid smell, having the consistence of tar. No material alteration in the symptoms, except the pulse, which is less frequent, 170, and softer to the feel; has passed some water, which is high colored and fetid. Discontinue the oil, and let him have the following once in three hours. Dulcis spirit nitrosi lx. gtt., camph. tinct. opii xxx. gtt., tart. antim. gr. 1-8. M. 8, P. M. Found him much worse; appears sicker than he has been at any time previous; no dejections; pulse again up to 180. Recommence the oil as before, and aid the operation by enemata.

23d. Bowels opened freely the latter part of the night; is somewhat easier; pulse 160. Let him continue medicine at intervals of six hours. 24th. Quite as comfortable as yesterday; one dejection; continue medicine, and let him have, at bedtime, pulv. ipecac. compos. 6 grs. sub. m. hyd. grs. ii. 25th. There is now a material alteration for the better; bowels have been opened freely, and he has passed water in considerable quantity; tumefaction of the abdomen subsiding rapidly; begins to ask for food. Dr. Robinson met in consultation. He advised to small doses of acet. potass. with rhubarb and sulph. mag., should laxatives be necessary; which, however, was not the case, for the bowels kept in a soluble state, scarcely requiring anything to move them. He continued rapidly to improve from that time, and is now in perfect health.

Remarks.—This case is one of interest, as showing, in a remarkable manner, the power of ol. terebinth in arresting peritoneal inflammation. It has been, I believe, generally conceded, that if there was one disease more than another which imperiously and unhesitatingly called for active and vigorous depletion, it was acute peritonitis. Yet it was not made use of here, although the inflammation might be said to have been of the highest grade. We see that when the oil was used often and freely, it held the disease in check; upon slackening, it returned with re-

newed force, till by repeated doses it was broken up. What effect the calomel might have produced, I am unable to say. It was used rather at the suggestion of a friend; but of this I am certain, that calomel alone would never have conquered the disease in the small quantities which were given.

New Rowley, July 20, 1837.

OTORRHŒA.

BY J. HARRISON CURTIS, LONDON.

Few diseases, perhaps, are more difficult to relieve than those of the ear, and of these the most common are discharges from that organ, or otorrhœa.

Persons affected with this disease are very apt to neglect it, more especially when, as not unfrequently happens at the commencement, it does not interfere with hearing. Now, it is one of these affections that, of all others, requires early attention, for although simple in its nature, in the first instance, it is liable, as M. Lallemand has shown, to terminate in disorganizing the internal structure of the ear.

There are, hence, three kinds of otorrhœa. One, in which the discharge is muculent in its acute stage, changing to one that is puriform when it becomes chronic. Another, in which the discharge is accompanied with a polypus growth; and the third, proceeding from caries of the bones. The first, in its acute form, is most usually met with in children, and is not attended with much pain, but by neglect, or maltreatment, the discharge is apt to change to a purulent character; and if still further neglected, a polypus forms, or the bones are destroyed, when the discharge becomes discolored, and offensive. Concluding these preliminary observations, I shall now relate a few cases in illustration of the treatment, which I have found exceedingly beneficial in relieving them.

Mr. R. applied to me on account of a discharge from his left ear, which had annoyed him for several years. After allaying the existing irritation, by bland means, he was cured by the following injection:—R. Decoction of oak bark, 12 ounces; alum, and supersulphate of potash, 2 drachms. Dissolve, and make an injection.

Miss L. had a discharge from both ears, which was brought on from cold. She also used the oak bark and alum injection, and got quite well.

I lately attended two cases of a similar kind to the above, with Sir Benjamin Brodie, the one a lady of quality, and the other a gentleman from Scotland. The first of these cases got well by the usual treatment; of the other, from his not remaining in town, I did not hear the termination.

The two following cases I have taken indiscriminately from the case-book of the Royal Dispensary, in proof of the efficacy of the same mode of treatment:—

Joseph Page, aged 9, has had pain in both ears for a fortnight, which has ended in suppuration. At first antiphlogistic treatment was ad-

and when the pain and other symptoms of inflammation had subsided, the usual injection was had recourse to, and shortly effected a complete cure.

Thomas Brown, aged 12, was admitted as a patient, in December, 1836. Has been deaf from his birth, with occasional pain and discharge from his ears. His ears were syringed, and blisters were applied behind them. The alum injection was then used, and in three weeks from his first applying at the Dispensary, he was dismissed cured.

I said that the long continuance of otorrhœa was a common cause of polypus in the ear. The following case is an exemplification of the fact.

Major ——— had been long subject to a discharge from the left ear, which he had neglected. Becoming at length quite deaf on that side, he consulted me, and on examining the ear, I found a fungous growth obstructing the passage. The polypus was first removed by a ligature, and, by resorting to the injection, the discharge soon ceased, and his hearing was restored.

Purulent otorrhœa at times proves fatal. A friend of mine had been subject to it for many years, but could not be persuaded to have medical advice, when, going to witness a horse-race, and being exposed to a draught of cold air on one of the stands, he caught cold in the affected ear: inflammation came on, and, extending to the dura mater, he died from meningitis. But the most remarkable case that ever came under my care, was that of Andrew Donelley, a person residing in York street, Mary-le-bone. As he was imprudently cleansing his ear of cerumen with the head of a pin, he injured the parts, which brought on a discharge from the ear. He applied, and was admitted as a patient at the dispensary, but was exceedingly negligent in his attendance, and, finally, left altogether. Twelve months afterwards he became a patient at St. Bartholomew's Hospital, under Mr. Lawrence, affected with excruciating pain, and a profuse discharge from the ear. Here he remained only four days, and died, eventually, about two years from the commencement of the disease. I cite this case, as, perhaps, the most extraordinary and horrible example of the effects of long-continued neglect on record.

A model, in wax, of these effects was made nine days previous to his death, by Mr. Miller, a copy from which is in my possession, and another in the museum of St. Bartholomew's Hospital.—*Lon. Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 2, 1837.

LECTURE ON ACCLIMATION.

IN
cines past we have adverted to the organization of a school of medi-
practew Orleans, a city peculiarly favorable for the acquisition of a
nowledge of acute diseases, if one half is true which is re-

lated of the condition of its climate. And were it not for the lucid exposition of the immediate causes of that sweeping mortality which has characterized New Orleans, in the discourse before us, it would still be difficult to divest ourselves of the opinion entertained at the north, that the place is virtually the *grave of strangers*. But the vice of intemperance, of which very many are guilty who feel the spirit of adventure—and who concentrate in that city, when the rigor of winter, in many sections of the United States, closes the avenues to various kinds of business which are conducted with boldness and activity in that enterprising mart of commerce, accompanies them there. Unaccustomed to the habits of the people, and having no philosophical reference, in most cases, to the great exchange which they have made of the boisterous, snow-blowing winter of home, for the bland warmth and sunshine of Louisiana, they are too apt to continue in those death-destroying indulgences which tend to ill health, if not to an early dissolution, to say nothing of the poverty and wretchedness usually following in their train. As the vital machinery, under such circumstances, acts with accumulated power, it speedily deranges itself, and that life which it should be the constant care of all intelligent beings to preserve, surrounded as we are with innumerable objects of interest and usefulness and delight, is often fritted away in the very commencement of existence, a sacrifice to an atrocious vice—hard drinking.

On the other hand, those of unimpaired constitutions, who have no morbid cravings to gratify, enjoy an amount of good health in that very terrifying abode of death-snatching fevers, quite equal to that in their native air. All this—and it is a perfectly tenable doctrine—is deducible from innumerable facts and observations collected by professional gentlemen residing in that city.

Dr. E. H. Barton, of New Orleans, seems to have devoted himself with praiseworthy zeal to the investigation of the causes which have given that place its unfortunate reputation of being sickly. In his official capacity of Professor of Theory and Practice in the Medical College of Louisiana, at the opening of the last lecture term he gave a public lecture on *acclimation*, so perfectly satisfactory to the class, and wisely, too, considered so important, that a copy was requested for publication. Omitting whole pages, as a matter of necessity, only detached paragraphs can be introduced here; but they are abundantly sufficient to demonstrate the research of the author.

“The mortality attendant on acclimation—proceeding almost entirely from an ignorance of the means of rendering the process easy, and pointing out those shoals upon which so many thousands have been wrecked and lost, I have no doubt, exceeds the calculation of the most heartless traducer of this region of country. The sad renown for perennial pestilence which the southern portions of the Union, and particularly this State, and more especially this city, has obtained, is mainly attributable to the *cost of acclimation*. You see, then, I can neither over-rate its importance, nor the interest necessarily attached to it. Were the subject properly understood and acted on, the great dread and apprehension with regard to this climate would be removed—this horrible “charnel house” of New Orleans and the swamps and bilious fevers of the South, would be no longer held up as a scare-crow to frighten away a population, which, but for this, would be spread over every portion of this fertile and beautiful country.”

"The principal agent that is appreciable and controllable by us, and that constitutes the greatest agent in these climatural modifications, is difference of *temperature*. The system of the inhabitant of a cold region has the calorific (or heat-producing process) in a state of great activity to adapt it to the temperature he dwells in. When he moves south, this process is no longer required, to the same extent, and consequently the individual coming from the north to the south suffers in a twofold degree—1st, from the increased temperature of the region itself; and 2d, from the habitual activity of the organic action in him which engenders animal heat. This power of engendering heat, and retaining nearly the same temperature, under almost every variety of exposure, is a property peculiar to life, and in consequence of it, even vegetables have a power of controlling their own temperature, though in a much more limited degree. Without this power of adaptation, it is obvious that man must have been chained for life to the climate which gave him birth, and even there must have suffered constantly from the change of seasons.

"This process of calorification in man is accommodated to the latitude in which he is placed. In more northern latitudes its requirements are much greater for the very existence of animal life, and the expenditure of it, in winter, must be exceedingly great. As we proceed south, these demands no longer exist (to the same degree). The habit, however, has been formed, and time and other means are requisite, to reduce the process to the lessened demands of the system. Fortunately for us, in this respect, the visiting a warm climate is, to the system, as the occurrence of summer; unless assisted by artificial excitants and provocatives, less food, and particularly of a stimulating nature, is craved for, under its relaxing zephyrs, than under the bracing blasts of winter; these indications of its greater or less activity in proportion to the demands of the system seem to be a wise provision in the economy of nature, to prevent that fulness of the bloodvessels that would be oppressive in summer, and with the effect of accumulating it in winter, when there is such a demand for the calorific energies of the system."

"To give these remarks a practical bearing—their only real value—and as there is but one condition (of the physical constituents of climate) that we can be said to thoroughly understand, or which it is necessary to control (except moisture, which will be mentioned hereafter), the varying amount of caloric and the calorific process, we must necessarily confine ourselves to the regulation of these, so as to adapt them to the varying circumstances of the changes contemplated or effected. How then is this to be effected? The first is to lower atmospheric temperature or avoid exposure to it, and will be mentioned hereafter. With regard to the second, the corrective influence is derivable from such sources or means as lessen the temperature upon man directly—by lessening the activity of the calorific process, and by diminishing the impressionability of his system, or its susceptibility to heat, by duly protecting and giving tone to the surface."

"To fulfil these objects, the various modes of depletion, direct and indirect, comprehended in the antiphlogistic treatment, are plainly indicated. They are—avoiding exposure to an elevated temperature, moderate clothing and exercise, cooling drinks, the strictest temperance, light diet, and when the calorific process exists in excess, with a full habit of body, bleeding, the tepid bath and cooling purging is called for.

"I have no hesitation in expressing my belief that the error of the coun-

sel given to those going south, to employ stimulants to counteract the supposed debilitating influence of a warm climate (which has no mean authority for its advocacy), has arisen from confounding the effect of the long-continued heat, with that of first impressions—the one bearing, often calling for stimulants—the other (proceeding directly from the stimulus of heat), adding to and heightening all the injurious effects of a hot climate. This fatal error has carried millions to the grave, and will continue to do so until men reason rightly from effects to causes. Experience upon this subject lends its important aid and confirms the value of the theory.”

“There is a valuable lesson furnished us upon this subject, and it is by the native or acclimated population themselves, and none are more to the point—it is that of graduating our living and habits by that standard which unfailing instinct and experience have taught them is adapted to their positions. This is a universal truth, whose single exception or prerequisite is, that in coming from a cold to a hot climate, the *calorific process* must first be reduced to the scale of the native. This is a rule of such general application, so reasonable, so often proved by experience, that it is surprising it is not universally enforced upon those changing climates. The English cockney, in contempt of what he calls native effeminacy, exposes himself without an umbrella to the scorching rays of an Indian sun, and afterwards quaffs his glass and gormandizes, as in the invigorating climate of London, and condemns the *climate* for prostrating him. The more accommodating Frenchman confines himself to vegetables and soup, and withstands influences under which the other sinks. And so with our northern brethren, *this climate* has to stand answerable for all the sins of juleps and champagne—beef and bacon.

“Capt. Parry, in his perilous voyages to discover a north west passage, found that in proportion as his men adopted the manners and habits of the indigenous inhabitants, so did they with the more facility bear the climate, and he found that an exclusive animal diet, a large use of oil and fat meats, was the true secret of life in those frozen regions, and he expressed his conviction, that if his sailors could swill blubber oil with as much *gout* as the natives, and conform to their usages and experience, they would escape the unhappy destiny of the many men who have wintered in those icy solitudes.

“And how afflictive to humanity has been the experience afforded by the numberless travellers whose lives have been sacrificed by the unfriendly climates of Africa and India; unprepared by a knowledge of the customs of the natives, or the requirements of climate, they have blundered on with European habits till death has put a period to their wanderings. Such too has lent to war a scourge of tenfold devastation, from the ignorance of those having its direction, upon this subject. From the possession of this knowledge, the rigors of an arctic winter have now no terrors. It has been made, with a detention of near two years, without losing a man; and there cannot be a doubt that with the same attention to the ‘*non-naturals*,’ a like immunity would be enjoyed in the south.”

VACCINATION IN SIAM.

ABOUT one year since, we sent a quantity of vaccine virus to Dr. Bradley, an American practitioner in the missionary service, who is statione

at Bangkok, the capital city of the kingdom of Siam. It is needless to remark that every supposed necessary precaution was taken to keep the matter in good condition, but unfortunately Dr. Bradley suffered a severe disappointment in not succeeding in the effort to reproduce it. We have subjoined a letter recently received from him, to show how very important it is that vaccination should be introduced into that remote region of the old world. Had it not been for the four or five months' detention of the package, of which he speaks, we think the virus would not have been utterly lost. Any suggestions from our correspondents in relation to the *best* and *surest* mode of transmitting it, would be gratefully received by the editor. Even phials, crusts, and quills, variously prepared, according to the views of those who would like to be successful in this philanthropic effort, sent to this office, will be forthwith transmitted to the address of Dr. Bradley.

The following is the letter referred to :

Bangkok, January 19th, 1837.

DEAR SIR,—Yours of February 22d, 1836, and the vaccine virus accompanying it, came to hand November 26th, 1836. It was detained four or five months at Singapore. In a very few days after the receipt of the virus, I gathered together children enough to use the quills of one phial. That there might be no unnecessary room for a failure, I pursued precisely your plan of vaccinating, as described in your letter. Not one of the first lot succeeded. Accordingly I called together another flock of children, many different from the first, and vaccinated in both arms, by puncture in one, and scarifying in the other. But all to no effect. It was an entire failure. The poor people and the great were much disappointed. But I encouraged them with the hope that I should soon procure more. I am seeking for the virus from all quarters. I fear I shall fail in all. If the vaccine virus could be once well introduced into Siam, it would be the greatest of all eras in Siamese history. Smallpox is a terrible disease among them. It is their *master waster* of life. Let me urge you to make further trials to introduce the virus into this country. The phials you sent were merely corked and sealed. Is there not a better way to protect the matter against the atmosphere? I would propose that you send some prepared in various ways, and let me have a trial of all. Let some be sent on quills, some concreted, some in scabs, and all sealed hermetically and perfectly excluded from light. Let it be sent, if possible, by a ship bound to Siam, or by a ship that will reach Singapore in June, so that the Arab ships may take and bring it hither.

I would now gladly write you further on the wants of this people in relation to the practice of medicine, but my hands are so full that I must beg to be excused for the present. I have prepared a report of my medical services in Bangkok up to October last, and sent it to Rev. C. Bridgeman, editor of the Chinese Repository. If he shall judge it worthy of publication, I would refer you to it for some account of my humble services, and the wants of this benighted people. I will endeavor to write you occasionally on matters that shall interest your medical readers.

J. V. C. Smith, M.D.

Very respectfully yours,
D. B. BRADLEY.

Transactions of the Medical Society of the State of New York.—Messrs. E. W. & C. Skinner, of Albany, are entitled to our thanks for their at-

tention and promptitude in forwarding Part II. of Vol. III. of the Society's Transactions. It is indeed a valuable periodical, and is published by these Gentlemen annually. Dr. M'Naughton's address on the progress of medicine in that State; the prize essay on the "influence of trades, professions and occupations in the United States, in the production of diseases," by Dr. M'Cready; Observations on the causes of the large proportion of stillborn children in our large cities, compared with those of London; a dissertation explanatory of the beauty of form, by Prof. Joslin; and statistics of the blind in the United States, are each of them excellent, and will be read with much satisfaction. Beside these, there are several other papers of merit, but which we have yet had no opportunity of examining. It is discoverable in these Transactions, that the profession in the empire State are not excelled by their neighbors.

Lithotomy.—In performing this operation lately at the Hotel Dieu, Paris, M. Roux was obliged to make an incision to extract the instrument. It appears that at the first eight sittings for crushing the stone, no accident occurred; but on the ninth, the operator having seized a fragment of the calculus between the branches of the instrument, unfortunately resolved to extract it entire. The instrument, thus charged, easily passed through the neck of the bladder, but stuck fast in the spongy part of the urethra, and every attempt to disengage it only produced pain. M. Roux decided on cutting down directly on the point of the instrument, which was done in a few seconds, and the fragment of stone disengaged from between the branches and extracted, after which no difficulty was found in closing and withdrawing the instrument. The patient was unwilling to submit to any further attempts at breaking the fragments which remained. This case exhibits nothing conclusive against the operation itself, as M. Roux was evidently not justified in attempting to withdraw the instrument with a portion of the stone.

Lobelia Inflata.—This article has lately attracted considerable attention in England, and quite a controversy is carried on in the Lancet respecting the introduction of its use into that country. In 1832, a specimen of the lobelia prepared by the Shakers of New Lebanon, N. Y. was presented to Dr. Elliotson, who had previously used the article for the relief of spasmodic asthma. Dr. E. expressed his admiration of the perfect state in which the plant was preserved, and immediately ordered a tincture to be made, which was prepared by Mr. Whitlaw as follows: R. Lobelia inflata, 1 pound; rectified spirits of wine, O iv.; spirit of nitrous ether, O iv.; spirit of sulph. ether, 3 iv. Macerate for fourteen days, perfectly excluded from the light. The medicine in this form has since been successfully used by Dr. Elliotson, at St. Thomas's Hospital, in various cases of difficult breathing.

During the alterations at the corner of Franklin street, the Journal office may be found at 74 Washington street, up stairs.

DIED.—At New York, Dr. Talmadge Sutherland, 49.—At Rochester, N. Y., Dr. Anson Colman.—At New Haven, Ct. Sylvester Wells, M.D., aged 75—one of the oldest physicians in the State.

Whole number of deaths in Boston, for the week ending July 29. 31. Males, 15—Females, 16.
Consumption, 3—inflammation of the lungs, 1—palsy, 1—dysentery, 1—typhus fever, 2—cholera infantum, 3—dropsy, 1—disease of the head, 1—teething, 1—accidental, 1—canker in the bowels, 1—inflammation of the bowels, 1—scarlet fever, 1—apoplexy of the lungs, 1—cholera morbus, 1—convulsions, 1—apoplexy, 1—paralysis, 1—hives, 1—dropsy on the brain, 1—fits, 1—stillborn, 2.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1837, will commence the last Thursday in August and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - - - -	H. H. CHILDS, M.D.
Pathological Anatomy, by	- - - - -	E. BARTLETT, M.D.
Materia Medica and Pharmacy, by	- - - - -	DAVID PALMER, M.D.
Botany, Chemistry and Natural Philosophy, by	- - - - -	C. DEWEY, M.D.
Surgery and Physiology, by	- - - - -	W. PARKER, M.D.
General and Special Anatomy, by	- - - - -	R. WATTS, JR., M.D.
Legal Medicine, by	- - - - -	HON. HENRY HUBBARD.

Fee for the Tickets of all the Professors, \$50. Those who have attended two full courses at an incorporated medical school, \$10. Graduation, \$16. Board not exceeding \$2 per week.

By an act of the Legislature of Massachusetts, passed April, 1837, the Berkshire Medical Institution is constituted an *Independent Medical College*, with authority to confer degrees, and the graduates are entitled to all the privileges and immunities which pertain to the medical graduates of Harvard University.

By a vote of the Massachusetts Medical Society, passed the 31st of May last, the graduates of the Berkshire Medical Institution, are ex officio entitled to admission as Fellows of said Society.

C. DEWEY,
Dean of the Faculty.

July 19—6t

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season. *Fees.*

Anatomy, and the Operations of Surgery, by JOHN C. WARREN, M.D.	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,
Dean of the Faculty of Medicine

Boston, July 5, 1837.

tNov. 1.

NEW MEDICAL BOOKS.

WILLIAM D. TICKNOR, *Medical Bookseller*, corner of Washington and School streets, has just received, Surgical Observations on Tumors, with Cases and Operations; illustrated with many colored engravings. By John C. Warren, M.D. Price \$4.50.

A Treatise on the Malformations, Injuries and Diseases of the Rectum and Anus; illustrated with plates. By George Bushe, M.D. Price \$3.25.

Also as above, may be found, a very complete assortment of Medical Books, which will be sold on the most reasonable terms.

June 14.

VERMONT ACADEMY OF MEDICINE.

THE Autumnal term of the Vermont Academy of Medicine commences on Thursday, the 10th day of August, 1837, and continues thirteen weeks.

Theory and Practice of Medicine and Materia Medica, by	- - -	WILLIAM TULLY, M.D.
Surgery, Obstetrics, and Diseases of Women and Children, by	- - -	THEODORE WOODWARD, M.D.
Chemistry and Natural History, by	- - -	JOHN D'WOLF, JR., A.M.
Anatomy and Physiology, by	- - -	JAMES H. ARMSBY, M.D.

July 26—3t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 74 Washington Street, four doors south of City Hall, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

TWENTY-SIX WEEKLY NUMBERS.—AUGUST TO FEBRUARY, 1837-8.

THE

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

[VOL. XVII.]

WEDNESDAY, AUGUST 9, 1837.

[NO. 1.]

TREATMENT OF SCALD-HEAD,

EMPLOYED BY M. JADELOT, AT THE CHILDREN'S HOSPITAL, PARIS.

A CONSIDERABLE number of works has been published on the treatment of tinea, the majority of which has served no other purpose than to introduce to the notice of practitioners a variety of empirical remedies, which they still employ, although most of them have long since been demonstrated to possess little or no value. The researches of Willan and his successors have made us acquainted with the elementary lesions which characterize tinea, and have established a classification which, at least, has the practical merit of showing that each species of this complaint requires a separate method of treatment, while it explains why a great number of remedies were successful in certain cases, and failed in others.

According to the classification adopted by Brett, Rayer, Cazenave, and Schedel, the term "tinea" comprehends several cutaneous affections which have their seat in the hairy scalp. The form of *vesicle* constitutes the elementary lesion in one species, producing eczema. The other form appears as the result of a *pustular eruption*. The latter sometimes assumes a peculiar character, becoming assembled together in what are called "favi," and thus produce the true porrigo. The more mild forms of tinea constitute the two varieties of impetigo, which almost always attack both the scalp and the face at the same time. It is to the latter that the treatment of M. Jadelot is applicable, the tinea favosa generally requiring the much more tedious and expensive method of cure professed by the "Brothers Mahon," in whose hands it still remains a secret.

In many cases the simple forms of tinea readily yield to the treatment which is commonly employed; but it must be confessed that in many other cases they are extremely rebellious. In addition to this it may be remarked, that the uncertainty and length of the treatment in general use have very often the effect of preventing the children of the poorer class (to which they almost exclusively belong) from having recourse to any medical advice whatever. Under these circumstances it is desirable to find a method of treatment which shall at once be cheap, and not require the length of time that is generally employed. That of M. Jadelot, though but little known, has the merit of possessing the above advantages, and we can bear testimony to its efficacy, from hav-

ing seen it employed with considerable success at the *Hospital des Enfants Malades*.

When the eruption presents any of the characters of an acute affection, M. Jadelot commences by combatting these with cataplasms, with frequent lotions of some emollient fluid (decoction of mallows, &c.), with baths. When the chronic stage has arrived, he first removes the crusts by an application of poultices, continued for two or three days; the hair is then closely shaved, and this latter operation is performed twice a week during the course of the treatment.

The child's head must, now, be washed twice a day with the following lotion: Sulphuret of potassium, one drachm; water, one pint.

And after each ablution a thin layer of the following liniment should be applied over the diseased spots: R. Sulphuret of potassium, three drachms; soap, two drachms; oil of pavo, six ounces; oil of thyme, one scruple.

Having liquified the soap, dissolve the sulphuret of potassium in the oil, and then add the volatile oil. The liniment alone is often sufficient for the cure of recent cases of eczema and impetigo. The lotion, however, aids and abridges the treatment.

When the children, in addition to tinea, are affected with some other cutaneous eruption, it will be right to employ sulphur baths; or, when the parents are too poor to have recourse to the latter, ablation of the affected parts, with the sulphuretted lotion above mentioned, may be substituted in their place. Since the first of January, 1837, M. Jadelot has submitted fifteen girls, affected with tinea, resident in the hospital, and all the out-patients, to this method of treatment. The mean time required for a cure, which was generally obtained, varied from eight to fifteen days. In a single case the treatment was prolonged to two months.

As to *tinea favosa*, properly so called, the same method employed in a few cases, was always attended with a notable improvement, and, probably, would have triumphed, at length, over the obstinacy of the complaint, had circumstances permitted its being continued for six, twelve, or even eighteen months, the time often required for the cure of this disease by the celebrated treatment of the "Brothers Mahon."—*Gaz. Med. de Paris*.

ASTHMA THYMICUM.

THE following case, from the London Lancet, illustrates a disease which has lately been noticed by different individuals in England, and which may not, perhaps, be very uncommon among us. It has been called by some "Laryngismus Stridulus," and by others, *Asthma Thymicum*.

"The infant child of Mr. R., of Queen street, Cheapside, between eight and nine months old, affected with whooping cough, was frequently seized with sudden and alarming fits of suffocation, but which lasted only for a few minutes. On one of these occasions I was hastily sent for, the parents thinking their child to be in a dying state, but, on my arri-

val, the attack had subsided, leaving the little patient apparently as well as usual. I imagined that some viscid mucus, adhering to the rima glottis, had been the cause, and that the separation of it had afforded equally sudden relief. Frequent alarming and sudden attacks have subsequently recurred, and subsided before medical attendance could be procured. However, on Friday last, although the child was improving in its general health, and the whooping cough was much abated, without any previous appearance of indisposition, another of these attacks occurred, and in a few minutes the infant was a corpse. I had permission to examine the body, when I found that the only deviation from a normal state was an enlargement of the thymus gland, which filled the whole of the anterior mediastinum, pressing upon the bronchial tubes, the inferior portion of the gland covering the apex of the heart, and being firmly adherent to the pericardium, which contained more fluid than usual. The lining membrane of the trachea was slightly vascular, as it always is in whooping cough, but I found no other appearance of disease. The gland weighed eight drachms and five grains, but the structure was natural.

WM. HUGHES.

CASE OF EPILEPSY.

JANUARY, 1837, a negro girl fourteen years of age, was brought from an adjoining county, to Professor Dudley, of Lexington, Ky., for the purpose of having an operation performed on her head. The apology for the visit, with the specified object, was offered in distressing epileptic convulsions; a consequence of an injury done the cranium in the early part of September last. The girl was engaged with the windlass of a well, drawing water, when the iron crank escaped from her hands, and inflicted several successive blows upon the right side of the head, about the centre of the parietal bone—knocking her down. There was no external manifestation of a wound, the integuments being simply contused. In a very few days the injury was followed by fits of the epileptic order, recurring almost hourly, and continuing from six to ten minutes, when they suddenly retired. These decided evidences of nervous derangement continued up to the time she came to Lexington for relief by the trephine. Professor Dudley has operated upon a number of cases, wherein epilepsy followed injuries of the head; in some instances removing depressed fragments of bone, and in others evacuating collections of water, both from without and within the *dura mater*, the treatment resulting in complete success. The attending surgeons of this patient thought the case a proper one for such treatment. Professor Dudley examined her, and could detect no evidences of a state of things demanding the application of instruments, with the exception of a puff, diseased, and painful condition of the scalp over and about the original seat of the blows. She complained of constant pain in the head, and her intellect was not disturbed except during the paroxysms of pain. She was in the hands of a physician, as well as of a surgeon—and the nature of the malady was examined upon philosophical principles, with

acute and skilful judgment. She was of an age when an injury, not very serious otherwise, might have caused in the particular sex, a disturbance of the digestive organs—which might result in the manifest symptoms. The hepatic functions were clearly arrested, to a very considerable extent, while a disguised train of the symptoms of hysteria were not less prominent. A medical treatment was at once adopted—she was ordered purgative medicine, to be taken two or three times a week, composed of calomel and aloes, aa grs. viij. with light regimen, consisting of milk and bread, potatoes, turnips, carrots and fruits, all well cooked. The design being to pursue this practice some six weeks, or two months, and then, should no alleviation be perceived, to cut down through the injured parts to seek the cause of the disease in the head. Two doses of the medicine were not exhibited, when a most happy impression was made on the disease. An immediate subsidence of all the fits, with direct improvement of the head, followed the three first days; while rapid and undoubted return of health continued to be manifested up to the time she left town—some three weeks after the practice was instituted.—*Transylvania Med. Jour.*

CASE OF DEMONOMANIA, WITH CEREBRAL DISTURBANCE.

BY PLACIDO PORTAL, M.D., ETC.

[Translated from the Italian, for the Medical and Surgical Journal.]

ROSA CINEXIS, a countrywoman aged 36, of a nervous temperament with a bilious idiosyncrasy, of feeble constitution, ordinary stature, dark complexion, black hair, eyebrows and eyelashes, small forehead, chesnut eyes, contracted pupils, aquiline nose, and large mouth, was in 1830 received for the second time into the Royal Madhouse at Palermo, laboring under furious demonomania. The cerebral attacks were renewed three or four times a week, and with constantly increasing violence.

A thorough examination being instituted, there was not found upon the surface of her body the least trace of previous disease, except some herpetic spots, apparently superficial, upon the head. In this obscurity as to the cause of her madness, we with difficulty traced it back, in the account given by her parents, to a sudden retrocession of the honey-comb scab, with which she had been affected;* and they further stated that she had had no children from her marriage, and for several years had suffered from prolapsus of the vagina, but without positive disturbance from it. Notwithstanding this, while she was in our establishment the catamenia were regular; the disease, during the same, being wholly unaltered, both in form and intensity.

In commencing the treatment, we clearly saw the necessity of recalling upon the head the receded scab; and employed, though vainly, every means, topically and generally. Yet in order to weaken the

* In connection with this most interesting circumstance, I may mention, as somewhat rare, an instance within my knowledge, of a child, now 6 or 7 years old, idiotic, or rather non compos, from her second year, when a "scabby eruption," upon the head chiefly, disappeared during a course of treatment by direct applications.—TRANSLATOR.

force of the morbid paroxysms, and to guard against injury to the brain from the great afflux of blood at those times, bleeding in the feet was advised, and leeches were applied to the mastoid processes; yet, though the blood flowed abundantly, no benefit was obtained. Nor was any advantage derived from the administration of drinks with tartarized antimony, tartrated lemonade, pediluvia of very hot water with mustard and vinegar, sinapisms to the thighs and legs, general tepid baths, and the application of ice in a bladder upon the head, according to the repulsive method. The patient, nevertheless, ate, digested food well, and the alvine dejections took place naturally.

In the cerebral attacks one most curious phenomenon observed, was her irresistible instinct for beating her head violently upon the pavement, or against the walls of her apartment, thinking thus to drive away the devil from her body, as she held him to be the first mover of all her suffering. And indeed, wonderful to relate, instead of experiencing pain and discomfort from such a proceeding, she appeared to derive pleasure from it, never being heard to complain. The force with which she dashed her head against the walls, was such as to lacerate the integuments, and produce contusions, which being attended with extravasations of blood, occasioned uneven tumors between the hairy scalp and the aponeurotic cap. Nor did the frightful scene ever end without frequent and deep sighs, which were followed by a calm, and a depression, such as follows protracted disease; and this continued as long as the exhaustion.

In order to break the vicious chain of such a morbid habit, she was confined by the straight waistcoat; a means, the mere sight of which attests the disadvantages which terror brings with it in all ordinary maniacs. Nevertheless, it was not in the least regarded by Cinexis. Nor was it omitted to make her sleep in a dark and secure chamber; also in a cradle invented by Baron Pisani, the praiseworthy director of the establishment. But no good resulted from these expedients, for the patient was hardly released from her confinement, before she hastened again to beat her head upon the pavement.

It is to be noticed, that every time the accessions were repeated, the face became red, the eyes sparkling, the pupils contracted, the pulse quick and vibrating, and the whole body affected, as if by general convulsions. At such periods she first wept, shrieked, and screamed, calling people to her aid, and then abandoned herself to her unfortunate habit; and if, from being watched, she could not effect this at the moment, she studied to do it at another time, when supposing herself free and alone. This vicious association of automatic determinations, so to call it, seems to me, in fact, not to depend upon the will; but to constitute the principal symptom of insanity so inveterate, as well as a principal obstacle to the cure. Our patient, because prevented from dashing her head against the wall, passed immediately to the strongest acts of fury, and soon after fell to weeping. During this her face became convulsed, and her physiognomy showed the marks of profound grief.

The hairy scalp has, from the repeated bruising, besides being strongly adherent to the subjacent bones, become almost of a horny consist-

ence; and in the parts most exposed, namely, the occipital and parietal, baldness already appeared. And here let it be considered, that ordinarily such contusions upon the head render themselves in some, nay, many cases, formidable or fatal. From the delicate structure of the brain and its membranes, they are capable, at such times, of feeling more sensibly than any other parts of the body, the effects of the morbid vital concentration, and this phlogistic turgidity always introduces us to a terrific scene. Not so with the repeated contusions in our patient. There resulted from these, external tumors with extravasation of blood; for the cure of which, resolvents, so called, being found useless, we have been exceedingly aided four times, in the course of eighteen months, by large incisions, which always gave escape to some confined clots of blood. It is remarkable that the madness of Cinexis was never observed to diminish in intensity during the external disease, while the other patients in the establishment have recovered their reason when cured by external affections, and, these last being healed, lost it again.

As to the influence of the seasons and of atmospheric changes in the production or aggravation of such cerebral disorders, we learn from Hippocrates, Aretæus and Celsus, that furious mania is developed more peculiarly in summer and in autumn; and from others we learn that melancholy manifests itself in autumn, and insanity in winter. As great cold, so again great heat, of the seasons affects the insane disadvantageously. In our above-mentioned establishment we have noticed a thousand times a sensible change in the unfortunates at the blowing of the mountain wind. Charles XI. lost his reason, only by being exposed to the strong rays of the sun; and this same Cinexis, when in summer the south winds blew, especially the noisome sirocco, that paragon of the simoom, fell quickly into more frequent cerebral accessions; the propensity to beat her head redoubled; while nothing in that state afforded her relief but cold affusions upon the head, and cold fomentations according to Schmucker's method; the douche being tried, but never with advantage.

In October, 1833, she was seized with a diarrhœa so obstinate against every remedy (antispasmodics and astringents being given, the former to assuage the disease, and the latter to repair the consequences), that the poor creature lost her strength, and became greatly prostrated. Nor was benefit derived from such a diarrhœa, which in our other patients, by making of the intestines a centre of revulsion, as it were, and diminishing the afflux to the brain, always mitigates the accesses of the malady; on the contrary, in her it has not only increased the frequency of the paroxysms, but has even rendered them more intense, augmenting the evil propensity above mentioned.

[The narrative of the case here terminates; the memoir, from which the above was extracted, being published at this stage of it. In the report of the autopsy, published subsequently, it is merely prefaced that the patient at no time complained of pains in the chest, nor suffered from fever, nor bloody or purulent expectoration: but that she gradually emaciated, the tendency to beat her head at the same time ceasing. The author attributes much of the morbid lesion discovered

post mortem, to a chronic phlegmasia commencing with the suppression of the diarrhœa above mentioned.—TRANSLATOR.]

Cadaveric Autopsy of Rosa Cinexis.—This took place on the 1st of March, 1834, that is, 69 days after the publication of the above memoir. Death occurred the day before.

External appearances.—General emaciation; remarkable want of rigidity in the muscles of the lower extremities; lesions from pressure over the trochanters and os sacrum; vibices, or gangrenous marks on the dorsum of the left foot; superficial herpetic spots upon the head; baldness, and scars from the repeated incisions over the left parietal bone; the hairy scalp hard, and adherent to the subjacent bone.

Head.—Scalp extremely hard, and as it were cartilaginous under the knife, adherent to the left parietal and the occipital bone; no change of color or consistence in the external lamina of the bones; a marked prominence of the sagittal suture; depression of the temporal bones, occipital protuberance sufficiently developed; the pericranium harder and thicker than natural; the cranial bones white as ivory, hard and destitute of diploe, but more thickened and solid at the parts which had been most beaten; in the internal lamina, the furrows corresponding to the large vessels ramifying in the dura mater, were little pronounced. Between the cranium and dura mater there was about half a pint of serosity; the glandulæ Pacchioni enlarged; the vessels of the dura mater dilated and injected with blood, the arachnoid similarly injected, and indurated, especially in the portion corresponding to the left anterior and posterior lobe of the cerebrum, where the injection was very remarkable. In the superior longitudinal sinus there was found a false membrane like a lumbricus, four inches long, and as thick as a writing quill, slightly transparent, and enclosing a yellowish matter of the consistence of the white of an egg; while a tissue of very fine filaments connected the false membrane with each hemisphere of the brain, the sinus being generally much distended with bloody coagula. The lateral sinus was dilated to three times the normal size, and exhibited a soft, polypous concretion.

The cortical substance of the brain was soft, and somewhat dark-colored, while the contiguous medullary portion was very white, and so hard as to resist strongly to the touch; and the blood dripped from it, which is observed only in cases of organic lesion. The corpora striata and callosum, and the optic thalami, were found natural. A little serosity was collected in the ventricles; the pineal gland, somewhat enlarged, presented the color of roasted coffee. Finally, the cerebral nerves, especially the optic, were lucid, resisting, and thicker than ordinary; the medulla oblongata and spinalis, natural.

Chest.—The costal pleura somewhat reddened throughout; the lungs in some points gray, in others livid, more voluminous than ordinary; their substance suppurated, and, particularly in the left lung, entirely gone. The heart in a natural state, but in its left ventricle were found coagula, and two yellow polypi as large as filberts; the large vessels natural.

Abdomen.—The omentum reddish, with spots of a brownish red; the

mesentery of a similar appearance, and its glands varying from the size of French beans to that of filberts. The intestines red externally and distended with air, especially the ileum and colon; their mucous membrane slightly red; the stomach containing many worms; the gall-bladder full of bile; the liver harder than ordinary; and the spleen and pancreas of ordinary size. The kidneys were atrophied, three inches long and an inch and a half thick, of a figure nearly cylindrical, with their internal substance white, lardaceous, cerebriiform, and yielding to the knife with difficulty. The ureters were natural; the bladder very small, its internal mucous membrane full of remarkable sugar, and indurated, with the bloodvessels varicose, especially in the posterior part corresponding to the rectum.

Genital organs.—The external parts natural, except the prolapse of the vagina. The uterus atrophied, of the size of a chesnut, as hard as cartilage throughout, and very white; the os tincæ sufficiently small and contracted, and sprinkled with red spots. The internal structure of the uterus degenerated, indurated, and the mucous membrane sprinkled with red spots. The ligaments and ovaries were indurated also, the ligaments being lucid, like mother of pearl.

IDENTITY, SLEEP AND DREAMING.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The case of Somnambulism that lately appeared in the Medical and Surgical Journal, presents some topics for speculation which may not be unprofitable to bring before your readers.

The following questions have suggested themselves to me, as most worthy of consideration.

- 1st. How was personal identity affected by his state?
- 2d. What was the actual condition of the intellect?
- 3d. How did it differ from sleep, from dreaming, from the waking state?
- 4th. What relation did it bear to certain forms of insanity?
- 5th. Can any inference be drawn from these phenomena, explanatory of the connection between mind and body?

Our notion of personal identity arises from a similar process of the mind to that which gives us the idea of extension or duration. It is in consequence of the *continued* observation of what passes within us, as the latter is of what passes without. Every act of sensation or volition is accompanied with an idea different from that sensation or volition itself. This idea is a new sensation; it is, that the mind feels or wills, independent of *what* it feels or wills. And this feeling is what constitutes consciousness. The continued, uninterrupted observation that the mind feels, or acts, constitutes identity while it lasts. When consciousness of our feelings or actions is suspended, and again renewed, it is in consequence of memory acting on attending circumstances, that gives rise to the belief that we are the same persons that have such and

such thoughts and feelings, and will to do such and such actions now, who formerly thought and willed differently. The infant remembers not to-day, what took place yesterday, or very imperfectly; hence its personal identity varies as often as it sleeps. Hence we cannot recollect what took place in early childhood. And it is not till after two or three years' experience, that we learn to connect the present with the past, when a period of suspended consciousness has intervened. The process by which it is effected, is as follows. We first learn by means of personal identity, continuing from moment to moment, from hour to hour, to remember during short intervals, and by the law of association, when, by the continuity of consciousness, from a similar impression being made on the mind now, that was made ten minutes ago, we are led to infer that it was produced by the same cause that produced the former; should consciousness, after the first impression, be suspended ten minutes, and then return and receive the second, it would suggest (the similarity being recognized) that the same person saw the former, that now sees the latter. Thus Giles Scroggins, when he slept in the cart, came near losing his personal identity, because some of the circumstances that surrounded him when he lay down, were not present when he awoke, and though enough remained to place him in doubt and eventually remove the difficulty, he might well exclaim, am I Giles, or am I not?

This continued observation of the mind's thoughts, feelings, and actions, is analogous to what takes place when we receive the idea of extension. To illustrate this, let us suppose two pieces of board, each a foot square, placed six inches apart. The difference between them and a single piece is at once evident. They are two identities. The eye, looking towards them, rests on an interval of space long enough to give no idea at all, or a different one from what it was just now contemplating. In either case it recognizes a difference, a break in the chain of continuity, while in reality, so far as visible properties are concerned, there is as much reason to consider them a thousand pieces instead of two, for no two particles of matter in them are in complete juxtaposition. And if they are viewed at a distance so great as to render the visual angle imperceptible, they would appear one and united. It is evident, then, that the idea of identity and extension in both cases arises from similar conditions. In the last it is from consciousness observing nearly the same ideas in consequence of very slight changes wrought in the brain by external sensation. In the first it is from consciousness observing continually that itself feels, judges and acts, whenever the brain is acted upon from within or without, and made to undergo any change of state, in its healthy condition.

If we now suppose a change, or a succession of changes, in the state of the brain, so sudden or total as to suspend the power of consciousness to observe them, a void will appear in personal identity, just as in the idea of extension. When this change takes place from activity to inactivity of the brain, sleep exists. Consciousness is then no longer manifested, because there are no changes taking place in the brain, of a nature to excite feelings or ideas, which are the necessary condition by

which its existence is made known to us. When consciousness has been *wholly* suspended, that is, when sleep has been perfect, should the activity of the brain return in part, it will constitute dreaming; but the person who dreams now, knows nothing of the person who a few hours before made use of the same brain and same bodily organs to think, to perceive, and to act. The brain may pass into all the states it was ever in before, and may, in consequence, suggest to the new consciousness, the same ideas that it suggested to the old consciousness, but they will appear as new ideas, and will be unattended with the impression that they have been in the mind before. Ideas are to the different states of the brain what words are to things; the names of these states, in one sense. Should this consciousness continue until the brain is fully roused to activity in all its parts, to sensation, as well as reflection, he will remember the dream, and then, by means of memory and association acting on surrounding circumstances, having his identity restored, he will correct what is false, and learn to consider it as nothing but a dream. Should consciousness be again wholly suspended, he will remember nothing, everything would remain as if he had not dreamed, except, perhaps, his sleep, from having been imperfect, may have been less refreshing.

But it may be objected that an idea suggested by reflection which has been in the mind before, would restore identity as well as one from direct sensation. This is true. But it must be appreciated as one springing from memory. Now this cannot be done unless the brain be in the same state of irritability, for every idea recurring from memory, is less vivid than when excited by the sensible object itself, and it is this feeling of indistinctness which enables us to distinguish, *when other circumstances are wanting*, between an idea recalled by memory, and that produced by a sensible object, or first exciting cause itself. When the irritability of the brain is increased, it requires less of the stimulus of suggestion to recall an idea; and when recalled, it may be as vivid as when first perceived. Thus in the case before us, the young man remembered things which he could not when awake; and both the ideas suggested by memory, and those arising from imagination, seemed present realities. But the ideas of one paroxysm recurring in subsequent ones were rightly estimated, because the irritability was the same, and the intensity of the suggesting principle being relatively weaker, produced a state of the brain analogous to what takes place in ordinary recollection.

It appears, from what has been said, that the brain may pass from one stage of excitement into a higher stage, without loss of personal identity; provided the changes are so gradual, as to allow consciousness to take cognizance of them severally. It appears, also, in the second place, that when identity is lost, it is restored by memory, limited by this essential condition, viz. a return to some grade of irritability in which it had existed in conjunction with its former lost identity. These observations are illustrated by what takes place in certain forms of insanity. A large number of insane persons, who have been highly excited, preserve a distinct recollection of occurrences; others recollect them as the events

of a dream; others seem to have been wholly lost; having been insane for months, the transactions immediately preceding their disorder will appear to them to have been done but yesterday. Could the history of these last be traced, they would be found to have slept, or met with a sudden revulsion of ideas, before losing identity.

There is yet another consideration which might be urged, and which would render the intervention of memory in all cases unnecessary. If the physical condition of the brain for every idea is fixed and constant, as there is every reason to believe, why may not physical causes, acting on it, suggest fixed ideas? Thus, if, when the brain is in a certain state, a certain idea is felt, whenever it falls into that state again, whether from a moral or physical cause, the same idea will be felt.

In applying this reasoning to the case in question, we find no difficulty in conceiving how, consciousness being suspended, identity was divided, forming, in fact, two persons. This is shown by his remembering in paroxysms only what took place in previous ones, and remembering in the day time nothing that occurred during the paroxysms. The chief difficulty is in conceiving how his mind returned uniformly to the same idea or train of ideas, after regular intervals. This difficulty is obviated if we consider the law of association as belonging to the brain, not to the mind, or the ideas themselves considered. Separate from that organ, they are but names, but words for things. They are suggested to consciousness by certain modes of activity of the brain, and cannot exist without the brain's action. While that action continues, they continue; when it ceases, they cease, according to the conditions of our present mode of existence. The law of association regulates this action; it belongs to the brain and the whole nervous system, and may be seen in muscular motion as well as in reasoning. It bounds and limits the power which the immaterial spirit has over the material frame. When consciousness wills to move towards a given point, it acts on the nerves of the spinal marrow but in obedience to this law. Its efforts to combine the action of the muscles are imperfect at first, and become better directed in proportion as it becomes better acquainted with this law. So when it wills to arrive at a certain conclusion, it acts on the nerves of the brain. Its attempts to combine their action are at first imperfect, but improve as it gains experience, from the same cause.

That the ideas that arose in his mind in the state of somnambulism, were the result of the action of the brain simply, is evident from the consideration, that had they arisen from consciousness, identity could not have been destroyed. For how could consciousness recall ideas from a state in which it did not exist, or one consciousness from another. But the brain, the material organ, when set in tune was ready to give forth the same harmonious notes for which its structure had adapted it from the beginning.

The law of association is, then, a physical law, not a mental one. It was a return of the brain to a certain physical condition, after periodical times, that brought with it, in the case of the somnambulist, the idea of the ship in the exact condition in which he left her the night before. And to fulfil the conditions of this law, it was necessary that the brain

and whole nervous system should pass through all the changes it experienced during the 24 hours. And we might as well ask why the convulsive fits occurred late in the afternoon, or why they were followed at the close by intensity of vision, as to ask why the idea of the ship followed the idea of waking out of sleep. The idea of the ship coupled with the idea of waking at the commencement of the paroxysm, was similar to the idea of the ship coupled with the idea of going to sleep at the close of the previous one. But it is evident the ideas themselves did not suggest each other. It was the states of the brain giving rise to them that succeeded each other, by a law of nature. The brain was retracing its steps, as it were, passing by slow gradations out of a state closely resembling that into which it passed (from a full perception of the ship, and attending circumstances) some 20 hours before. It is owing to the same law, that a state in which vomiting attends, follows concussion of the brain, epilepsy precedes apoplexy under certain conditions, and perhaps convulsions precede eruptions on the skin in many instances.

The feeling of self-existence, the sensation of drowsiness, which he knew by experience attended the waking out of sleep, suggesting that he had slept; the sensation of the ship, and of the condition in which he left her, and the feeling that he was master of her; the sensation of a necessary change in her situation in some respects, during the interval, suggested by experience; or rather the successive changes in the state of the brain corresponding to these feelings, were the elements that preserved his personal identity from one period to another, and recommenced the fancy dream which had been interrupted. The respective states of the brain for the *suggesting* terms of the above series, had been last in coexistence, or immediate succession with each other, and consequently the states of the brain for the *suggested* terms of the series were the most likely to arise from association.

It might be added, in this connection, that the appearances which he manifested to the bystanders confirmed this supposition. The suddenness with which consciousness was suspended on retiring to bed, corresponded with the suddenness of its restoration, when he arose the following morning; while the feeling of drowsiness which he exhibited when he said, "now I will go down and turn in," at the close of the paroxysm, had its parallel in the sighing (query, yawning?) and motions which in a gradual manner preceded his conversation, at the commencement, suggesting the idea of one awaking out of sleep.

The phenomena witnessed in other cases of somnambulism and ecstatic mania, can be reconciled only to this view. But I have not instanced them, because I thought it useless to multiply examples, or to fill this communication with what had been read a thousand times before. In the above remarks I have endeavored to throw light on a question which has given rise to a great diversity of opinion, and which is still in a very unsettled state. Without asserting that all the difficulties may be removed, it will not be deemed presumptuous to add, that when the part which the brain performs in the process of sensation, reflection and volition, is better understood, they will be materially lessened. We have been in the habit of using the terms brain and mind, in a very in-

determinate and vague manner. We speak of the former as the instrument through which the mind acts, without attempting to ascertain what the one or the other does; indeed we are told that this knowledge is beyond the sphere of our faculties. It may be so. But surely there can be no harm in pushing the inquiry to the utmost extent of that sphere. Then, if we have not succeeded in our search for light, we shall have at least the consolation of having rendered darkness visible. Our internal consciousness reveals to us one series of facts, which we are compelled to regard as true. Another series of facts are revealed to us by physiology and pathology, having the same authority. By comparing these last, so far as they are connected with the nervous system, with the first, we may make an *approximation* towards ascertaining the functional limits of that mysterious principle, which, united to matter, gives it form, mobility, sensation and reflection.

If the above observations prove acceptable, I shall in another communication consider the bearing of this case on the other questions proposed, in as brief a manner as the nature of the subject will admit.

B. D. H.

NOTE.—The expression in the statement of the case, “came home to Gloucester,” is incorrect. There is no reason to suppose that he could connect the word Gloucester with the idea of home. It does not accord with the other symptoms mentioned, and particularly with some others that were not published; which were manifested when his conversation turned upon his family, friends or neighbors, in which he appeared unable to trace a similar relation. It was probably a slip of the pen.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 9, 1837.

NORTH BOSTON MEDICAL SCHOOL.

Our city certainly boasts of superior facilities for affording instruction in medical science. It will be observed by the advertisement in our Journal, that a number of medical gentlemen in the north part of our city have procured a commodious room for the purpose of receiving pupils, who will be conducted through a systematic course of medical education. They offer advantages certainly inferior to none of those similar institutions which for the last few years have been so generally and liberally patronized among us. There will be opportunities for the pupils to have daily observation of disease at the room, where gratuitous advice will be given. This will be an important advantage, and one which ought to be appreciated by medical pupils. We regard the rapid multiplication of these institutions as an interesting fact. If rightly conducted, they cannot fail to supply our ranks with physicians of cultivated minds—men who shall be devotees of science—who will carry with them into the la-

borious routine of medical practice settled habits of enlightened observation—with men who will be zealous to add contributions to that cause which, above all others, should be progressive—the cause of relieving suffering humanity. At a period, too, when our community is flooded with charlatanism and imposing quackery, we cannot but wish a hearty God-speed to all who will use exertions to furnish an enlightened and high-minded medical profession.

The Boston Medical and Surgical Journal.—With this No. commences the *seventeenth* volume of the Journal. It seems but a little while ago that we entered upon what was then considered the improvident experiment of publishing a medical hebdomadal. Monthlies and quarterlies had each of them failed in Boston for want of patronage. When, therefore, a weekly one was proposed, it was thought by those who are always wise in the affairs of others, that it would still more speedily have its quietus. We do not deny that we have had pecuniary losses to contend with, owing to the negligence of those who seem to imagine they are bestowing liberal patronage in *taking* the work, though they never pay till absolutely compelled. Again, changes of times are continually affecting the condition of individuals; and many on whom we relied at the beginning of this medico-literary undertaking, both for matter and money, have been gathered to their fathers, while we are still toiling on, as ambitious, we trust, as in by-gone years, to live a life of usefulness.

So far as the circulation of this publication is concerned, it is doing well. No scientific periodical can, in the constitution of things, be very profitable. Into whatever hands the Journal may fall at some future day, we indulge the hope that it will continue to be regarded as an important medium of communication between the members of the profession, and as an efficient agent in maintaining their proper rank and usefulness in our country.

St. Croix for Invalids.—Dr. Tuckerman having completed his observations, in our Journal, upon the Island of St. Croix, as a residence for invalids, which have since been embodied in a neatly executed pamphlet, it is our special object, in this place, to call the attention of all classes of readers, but particularly sick travellers, to the facts and reasonings of this friend of the human race. Being himself infirm, and having visited nearly all parts of Europe, no person could be better qualified to analyze the advantages and disadvantages existing in places which have long been resorted to by those in search of health, than Dr. T. He has carefully weighed every circumstance with the exactness of a philosopher, and the accuracy of an accountant. Besides the minutest meteorological tables, kept by his own hand, which we have ever seen from the West Indies, he tells us the price of board, the fee for using a pony, and, in fact, all that sort of information is imparted within the compass of a few pages, which would be of immense importance to an invalid stranger.

It is not only quite fashionable, but really necessary, for physicians to send some of their patients to tropical climates. As St. Croix is beginning to take a high rank as a depot for foreigners, during the violence of a northern winter, Dr. Tuckerman's pamphlet seems to be called for; and we take pleasure in recommending it to the entire confidence of the reader. Whatever is there written may be relied upon, as the author

has but one single object before him in life—the happiness of his fellow men. It should be kept on sale at all the bookstores in the Atlantic cities.

Louisville New Medical School.—It is said that a gentleman of Boston has received a flattering proposition to take the chair of surgery in this contemplated institution, the *to-be rival* of the Transylvania. One thing is certain—if the services of the person alluded to are secured, the trustees may be satisfied that he will prove himself fully competent.

Post-Mortem Examination at Inquests.—In the transactions of the New York Medical Society, we have been gratified to notice that the physicians of the Chenango County Society have had the independence to commence a reform, for which we have been many years contending. It relates to remuneration for examinations and medical opinions before coroners, for which the most eminent physician or surgeon in either of the twenty-four States is now paid about *two and three pence*! though he might be compelled to dance attendance, by virtue of a subpoena from those officers, to the loss of a whole day. We do most fervently hope that our professional brethren will no longer submit to such indignity. If services are rendered to the public, let the compensation be equal, at least, to the value of the time devoted to the business. That advice which is given away is never highly valued. When the next General Court convenes in Massachusetts, an effort should be made to shape the law to the condition of the times, in this respect.

Whole number of deaths in Boston, for the week ending Aug. 5 '36. Males, 20—Females, 16.

Consumption, 2—dropsy on the brain, 1—inflammation of the lungs, 1—intemperance, 2—marasmus, 1—smallpox, 1—cholera infantum, 7—inflammation on the brain, 1—typhus fever, 2—scarola, 1—dysentery, 1—burn, 1—syphilis, 1—cancer of the stomach and ovary, 1—drowned, 1—pleuritis, 1—old age, 1—dropsy in the head, 1—canker in the bowels, 1—hooping cough, 1—stillborn, 1.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation and treatment of diseases in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, "
E. WALTER LEACH, "
HENRY G. CLARK, "
JOSEPH MORIARTY, "

Boston, August 9, 1837.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1837, will commence the last Thursday in August and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, M.D.
Pathological Anatomy, by	E. BARTLETT, M.D.
Maternal Medicine and Pharmacy, by	DAVID PALMER, M.D.
Botany, Chemistry and Natural Philosophy, by	C. DEWEY, M.D.
Surgery and Physiology, by	W. PARKER, M.D.
General and Special Anatomy, by	R. WATTS, JR., M.D.
Legal Medicine, by	HON. HENRY HUBBARD.

Fee for the Tickets of all the Professors, \$50. Those who have attended two full courses at an incorporated medical school, \$10. Graduation, \$16. Board not exceeding \$2 per week.

By an act of the Legislature of Massachusetts, passed April, 1837, the Berkshire Medical Institution is constituted an *Independent Medical College*, with authority to confer degrees, and the graduates are entitled to all the privileges and immunities which pertain to the medical graduates of Harvard University.

By a vote of the Massachusetts Medical Society, passed the 31st of May last, the graduates of the Berkshire Medical Institution, are ex officio entitled to admission as Fellows of said Society.

July 19—6t

C. DEWEY,
Dean of the Faculty.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.	GEORGE C. SHATLICK, M.D.	GEORGE HAYWARD, M.D.
RUFUS WYMAN, M.D.	JACOB BIGELOW, M.D.	ENOCH HALE, M.D.
JOHN RANDALL, M.D.	WALTER CHANNING, M.D.	JOHN WARE, M.D.

At the annual meeting of the Committee on Wednesday, August 2, 1837, a premium of fifty dollars, or a gold medal, of that value, was awarded to OLIVER WENDELL HOLMES, M.D. of Boston, for a dissertation on the question, "What is the nature of Neuralgia, and what is the best mode of treating it?" A similar premium, of the same value, was at the same time awarded to Dr. Holmes for a dissertation on the question, "To what extent, and in what places, has intermittent fever been indigenous in New England?"

The following Prize Questions for the year 1838 are before the public, viz.:

1st. "What are the anatomical characters of Typhous Fever, and what is the best mode of treating this disease?"

2d. "What are the causes, seat, and proper treatment of Erysipelatous Inflammation? (*Erythema Erysipelatosum* of GOOD.)"

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1838.

The following questions are now offered for the year 1839, viz.:

1st. "The pathology and treatment of Rheumatism."

2d. "What is Scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1839.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 3, 1837.

A9—4t

ENOCH HALE, Secretary.

Publishers of newspapers and medical journals throughout the United States, are respectfully requested to give the above an insertion.

VERMONT ACADEMY OF MEDICINE.

THE Autumnal term of the Vermont Academy of Medicine commences on Thursday, the 10th day of August, 1837, and continues thirteen weeks.

Theory and Practice of Medicine and Materia Medica, by	- -	WILLIAM TULLY, M.D.
Surgery, Obstetrics, and Diseases of Women and Children, by	- -	THEODORE WOODWARD, M.D.
Chemistry and Natural History, by	- -	JOHN D'WOLF, JR., A.M.
Anatomy and Physiology, by	- -	JAMES H. ARMSBY, M.D.
July 26—3t		

MEDICAL LECTURES IN THE CINCINNATI COLLEGE.

THE session commences the last Monday of October, and ends the last day of February.

Special and Surgical Anatomy, by	- - - -	Dr. McDOWELL.
General and Pathological Anatomy and Physiology, by	- - - -	Dr. GROSS.
Surgery, by	- - - -	Dr. PARKER.
Obstetrics and the Diseases peculiar to Women and Children, by	- - - -	Dr. RIVES.
Chemistry and Medical Jurisprudence, by	- - - -	Dr. ROGERS.
Materia Medica and Pharmacy, by	- - - -	Dr. HARRISON.
Theory and Practice of Medicine, by	- - - -	Dr. DRAKE.
Dissections and Practical Anatomy, by	- - - -	Dr. TRIMBLE.
Clinical Instruction in the Cincinnati Hospital, by	- - - -	DRS. DRAKE, PARKER and RIVES

Professor Parker, now in Europe for the purchase of additional books and apparatus, will return in October.

Dr. Trimble will open the rooms for Practical Anatomy on the 1st of October, and Prof. McDowell will at the same time commence a preliminary course of Osteology.

EXPENSES.—Tickets for the Professors, \$15 each; Matriculation, \$5; Library ticket (optional) \$3; Hospital ticket, \$5; Anatomical Rooms, \$10. Total, \$125. Respectable boarding and lodging can be had at \$3 a week.

As we have no national circulating medium, the Faculty consider it proper to give notice, that they will receive from students, at par, the current bank bills of the different States in which they respectively reside.

By order of the Faculty.

Aug9—3t

J. B. ROGERS, Dean.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 74 Washington Street, four doors south of City Hall, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVII.]

WEDNESDAY, AUGUST 16, 1837.

[NO. 2.]

INGLEBY'S OBSTETRIC MEDICINE.*

WE cannot refrain from expressing our thanks for this presentation copy of Mr. Ingleby's work. Mr. I. has done so much for medicine in its midwifery department, has written so much and so well on many of its most important topics, that every one at all conversant with his works cannot but concur with those on the continent of Europe, as well as of his native country, who have placed him amongst the ablest contributors to obstetric pathology.

Mr. Ingleby presents his views with great perspicuity. He collects and arranges his facts with the closest regard to their most important bearings, is cautious about his inferences, as it regards the nature of the disease in question, and fairly states the result of treatment.

Mr. Ingleby's opportunities for observation have been abundant, and it is clear from his writings that he has used them well. We may not always agree with him in doctrine or practice, but we always feel, if we follow him in both, we shall have a safe guide—one who has been frequently over the road, and carefully examined the objects on both sides, or wherever and however they have come in his way. We hope to see his writings reprinted in this country, that our students may have the benefit of so wide and so well-used an experience. We thank the author for the pleasure and advantage we have derived from his writings, and shall now endeavor to afford our readers some notion of the volume under review.

It treats of the following subjects, under seven distinct sections :

On puerperal convulsions; on malposition of the uterus, ovaria, bladder, and urethra, both in the impregnated and unimpregnated state, in connection with retention of urine; on obstructions in soft parts to the progress of labor; on the induction of premature labor in cases of organic disease; on laceration of the uterus and vagina; on inversion of the uterus; on the signs and symptoms of pregnancy—their obscure and deceptive characters—their complication with disease, and the signs which denote the extinction of life in the fœtus.

Puerperal Convulsions.—After saying that convulsions occur most frequently after or during a first labor, and giving the opinions of some writers on the nature of this disease, Mr. I. adds, "The term 'puerperal convulsions,' should be confined to cases occurring in paroxysms

* Facts and Cases in Obstetric Medicine, with observations on some of the most important diseases incidental to females. By J. T. Ingleby, member of the Royal College of Surgeons, London, &c. &c. London.

affecting the contractile tissues generally, and in many respects resembling epilepsy, although the attack cannot be regarded either as apoplectic, epileptic, or tetanic, but partaking more or less of the characters of each of these diseases."

Next of *causes*.

"The remote causes of puerperal convulsions are essentially connected with the uterus, and a morbid susceptibility of the nervous system. That pregnancy and parturition are the predisposing causes, may be fairly assumed, since genuine eclampsia arises in those states of the system only."

"The immediate cause appears to be an irritable condition of the uterus, sympathetically reacting upon the muscular system through the nerves of organic life."

The following quotation is long, but contains so much useful matter that we do not abridge it.

"Allowing, therefore, for complications and variations of constitutions, the more important convulsions of the puerperal state may be referred to two principal and opposite conditions of the system; either an excited or turgid state of the vessels of the brain (often promoted by improper diet, and a neglected state of the bowels during gestation); or by loss of blood, as after a dangerous hæmorrhage. There is also a third state, subordinate to those just mentioned, and which seems more immediately dependent upon excessive sensibility of the uterine fibres, since it generally happens under an irregular and highly painful action of the uterus during its dilatation. Not only does the attack usually occur during first pregnancies, but, what is remarkable, with very few exceptions, almost always when the presentation is natural."

"That convulsions have frequently occurred in connection with œdematous states of the system, accords with experience. But is it not more agreeable to the principles of medical science to consider both complaints as the effect of a common cause, viz. an embarrassed circulation, rather than to regard the one as the consequence of the other? It has been affirmed that this disease reigns epidemically, connected, probably (as Andral observes), with electrical states of the atmosphere, acting primarily on the nervous system and producing cerebral excitement. The particular influence of the air is alluded to by those accurate writers, Drs. Smellie and Denman. Madam Lachapelle remarks, 'when one of our women is taken with convulsions, we rarely fail to have, soon afterwards, others in the same state;' a fact also stated by Ramsbotham, who says, 'I have repeatedly remarked, among the numerous patients of the Royal Maternity Charity, as well as among others to which I have been accidentally called, that several cases have occurred soon after each other.' This condition of the atmosphere has been referred to by other eminent writers. A variety of other causes, of a subordinate kind, are mentioned by authors."

Periods of occurrence.—These are four.

- 1st. During pregnancy.
- 2d. During labor.
- 3d. After delivery of child.
- 4th. After delivery of placenta.

“When arising prior to the accession of labor, the attack is almost invariably preceded by disarrangement of the sensorial functions, denoted by some of the following symptoms: drowsiness; a sense of weight in the head, especially in stooping; beating and pain in the head; redness of the conjunctivæ; numbness of the hands, flushing of the face, and twitching of its muscles; irregular and slow pulse; ringing in the ears; heat in the scalp; transient but frequent attacks of vertigo, with *muscæ volitantes*, or temporary blindness; derangements of the auditory nerve; embarrassment of mind and speech; an unsteady gait, constipation, and œdematous swellings. There is sometimes pain in the epigastrium—a very characteristic symptom, vomiting, and other marks of gastric disorder. It is also said that a sense of weight and pain has been experienced in the hypogastric region. Restless nights, when associated with thirst, feverishness, and deranged circulation, have not unfrequently proved the precursors either of apoplexy, convulsions, or hæmorrhage at the close of pregnancy, or a morbidly increased action of the cerebral vessels in the puerperal state.”

Such symptoms require prudential physical and moral treatment. Especially should they be regarded, and the state of the patient equally so, though these symptoms may exist in a very slight degree, in a second pregnancy, the first having been preceded by convulsions.

“When the lower extremities become materially œdematous in the latter months of pregnancy, in women of unimpaired constitutions, Dr. Hamilton confidently declares that ‘copious bleeding alone prevents the occurrence of convulsions, either before or during labor.’ Denman, again, speaks in commendation of bleeding, in the following terms: ‘Bleeding is known to lessen, in a very material manner, all the complaints in pregnancy which arise from uterine irritation. It is, therefore, I may say, universally recommended in all cases where these convulsions exist, or are to be apprehended.’ Generally, however, as depletion is now practised, its efficacy in removing the paroxysm, and permitting gestation to proceed, is either not acknowledged, or not yet estimated according to its high and practical importance.”

Premonitory symptoms of convulsions are rare when the disease occurs during labor, according to Mr. I. Still more rare of attack after delivery. Nor has Mr. I. found the disease under such circumstances so fatal as Dr. Ramsbotham has remarked; and Velpeau and Collins say the same with Mr. I.

One of the forms of convulsions referred to has the name *anæmia* applied to it, from its depending on loss of blood as its main cause. This is a very fatal form, and though occurring in the midst of extreme exhaustion, is often very violent in its character. In what, we would ask, does this differ from the spasmodic, convulsive movements which precede death from hæmorrhage under other circumstances than the puerperal? Is it not, in fact, a part of the act of dying, the violent effort made by the body (still possessing much power), in consequence of the sudden loss of the vital fluid, of that, which under ordinary circumstances contributes indirectly indeed, but so necessarily, in preserving the balance of actions in the whole body. The treatment is obvious in this

form. We resort at once to stimulants actively and freely; "but opium," as the author most truly observes, "is the grand restorative: its agency in sustaining and equalizing the circulation, and subduing spasm, places it almost beyond value." The question of delivery may arise. Mr. I. refers to another work of his now before us, for directions, which he remarks will be strictly applicable. As this work may not be in possession of all our readers, we make the extracts referred to. They are from Mr. I.'s work on Uterine Hemorrhage.

"Let us now consider what practice ought to be pursued in cases of very formidable exhaustion. Since it is not unusual to hear of patients dying within an hour after delivery, the propriety of the measure, both as respects time and circumstances, may justly admit of question. In recording individual experience, faithfulness is a duty of the first obligation, and under this impression, I confess I feel doubtful whether, in the state of exhaustion to which the patients in the unsuccessful instances I have alluded to were reduced, a different proceeding might not have proved more auspicious. Whilst flooding continues, the practitioner has but one duty to perform, viz. to deliver; but, when coldness of the skin, a pulse scarcely perceptible (associated perhaps with vomiting), and a countenance denoting excessive exhaustion, supervene upon an hemorrhage that has temporarily ceased, a mere draining going on, such a moment is ill adapted for turning the child. There is an axiom in midwifery, that no woman should be suffered to die undelivered. I assent to this as a general rule; at the same time, its rigid enforcement during a state of collapse, fairly admits of question—the mere bodily disturbance has too often proved fatal. Painful as it must be to witness the death of a woman in parturition *undelivered*, the calamity would be equally distressing (except so far as the child is concerned), immediately after delivery. The former case is of very rare occurrence; the latter has very frequently happened. The only instance that has come to my knowledge of a patient dying undelivered under placental presentation, has been already alluded to. But, since principles ought always to influence our conduct, the practitioner probably acted wisely in not attempting delivery; as when he was called in, the pulse was scarcely perceptible, and the patient died before he left the house. Such a case as this must have been peculiarly calculated for the performance of transfusion. Rather than deliver under collapse, we ought to occupy ourselves in administering stimuli and cordials, promoting animal heat, perhaps performing transfusion, carefully watching the effects of re-action, and holding ourselves in readiness to deliver on the recurrence of bleeding, or, if the tampon be employed, as early as the patient's strength will allow. This line of practice I conceive to be strictly consonant both with reason and experience. Can the tampon be advised in cases of this description, and upon what principle? This is the grand practical question. That it is very material under a dangerous collapse to excite the action of the womb, admits of no doubt. The object of the tampon, however, is rather to command the copious draining, until the system begins to rally, and will justify the operation of turning. We may well consider, whether, by employing it with a view

of promoting an active contraction, we shall not incur a more extensive detachment of the placenta. 'In general,' says Dr. Blundell, 'when women are lying in a state approaching asphyxia, the flow of blood is so exceedingly small, that a check is scarcely required—nevertheless, as drachms become at last of importance, I should not hesitate to plug, if I could, by so doing, effectually stop the hemorrhage, and favor the formation of clots. These small drainings will not, I conceive, give rise to internal bleedings of danger, and the plug could not be in the way, because it is not by repeatedly examining on these occasions, we learn when we are to deliver, but by observing the pulse, heat, muscular strength, and in short those symptoms which indicate that rally which will give probable safety to the delivery.' Should the tampon be employed in the state here contemplated, the practitioner must impose a very vigilant watch over the system, in order to deliver the earliest moment the strength will permit. I cannot but think that, under the precautions already specified, the risk of blood collecting in the uterus is more than counterbalanced by the necessity for giving an immediate check to the drainings, which the plug promises to effect; and that the mere possibility of an internal hemorrhage is scarcely a sufficient reason why we should surrender the advantages which we know to accrue from its judicious application. In the words of Capuron, 'Admitting even that the plug be a doubtful remedy, is it not more rational to attempt it, than to confine ourself to the part of a simple spectator, in a conjuncture so important and dangerous.' Influenced by a similar feeling, Mr. Grainger, of this town, on visiting a poor woman with placenta presentation, and apparently in a moribund condition, immediately filled the vagina and os uteri with linen cloths, and waited *two days* before he durst hazard delivery, which he then accomplished with an auspicious result. Under a reasonable presumption that the patient has strength to sustain the shock of delivery, the interests of the child will demand the prompt evacuation of the womb, unless, indeed, it should appear, from incontestible evidence, that foetal life is extinct—a proof difficult to obtain. But when the exhaustion is extreme, this consideration must have no weight. The exercise of a nice and conscientious discernment is peculiarly required in these responsible and unsettled points of obstetricism."

To return to the work under review. The following extract gives a graphic representation of the genuine puerperal eclampsia.

"The paroxysm of genuine eclampsia cannot be attended with any deception, on account of its great peculiarity. The attack occurs suddenly, and, from its terrific character, occasions the greatest alarm and confusion. The patient, if in the erect position, suddenly falls to the ground; sometimes with a shriek, and perhaps an immediate discharge of liq. amnii. During the continuance of the fit, the determination of blood to the head is very manifest, by the throbbing of the carotid arteries; the distension of the superficial veins of the head and neck; the injected state of the conjunctivæ; and the swollen and almost purple state of the upper part of the body. The patient is insensible to external impressions; the limbs are very rigid, alternately flexed and

extended, occasionally agitated by spasmodic twitchings, the trunk is thrown backwards, and the abdominal viscera most violently compressed; the face is distorted; the mouth drawn aside, and in constant motion; the teeth are forcibly set together, emitting the hissing noise spoken of by Denman. In rare cases, the mouth has been observed to remain open. From the spasmodic contractions of the jaw (which has even been luxated by their violence) the tongue is generally wounded, and saliva, tinged with blood, issues from the angles of the mouth. The respiration is hurried and irregular, having occasionally long suspensions; there is a rattling noise in the throat; the eyes are wild, fixed and open, leaving the white part only in view—sometimes they open and close, and turn round, with great rapidity—the pupils are dilated, and, when the fit continues long, insensible to light; the breathing is stertorous; the sleep profound; the pulse laboring, slow, hard, and full, with intermissions, but usually it soon attains a great degree of frequency and quickness; and the sphincter of the bladder, and sometimes that of the rectum also, lose their power. The duration of the actual fit is commonly about a minute, or even less; it varies, however, from one to five minutes, or longer; recovery from the fit is sometimes momentary, and sighing usually announces the return of natural respiration; but too frequently one fit is followed by another, indicated by a diminished frequency of the pulse. When the paroxysm frequently occurs, the deprivation of sense is, for the most part, permanent. The number of fits is almost indefinite. When the fit arises during actual labor, the convulsion may regularly recur with the return of pain; and, on the fit subsiding, the patient stares in a wild and vacant manner, and, though unconscious of what has happened, is either perfectly calm and rational (a most favorable feature), complaining of pain in the head, and perhaps in the epigastrium, or otherwise falls into a comatose state. The return of sensibility may be instantaneous, although it is for the most part gradual, corresponding, in this respect, with the subsidence of the fit. There is, in this case, a confusion of the senses; the articulation is at first defective, and vision imperfect; indeed, both the optic and auditory nerves have been known to undergo a temporary paralysis. The expression of countenance also remains very heavy, and the face continues swollen. When the result is not fatal, the intellect remains unimpaired in the great majority of cases. It appears singular, on reflection, that the functions of the brain shall present such contrarieties of character within the very shortest period: at one time the patient is agitated by a convulsion inconceivably frightful, and speedily recovers; at another, she lies motionless and senseless, having the apoplectic stertor, or possibly breathing with tranquillity; and, on recovering speech and motion, the mental disturbance varies in degree from the slightest incoherence, or loss of memory, to the greatest rhapsody. At this juncture, the connection between this state and puerperal mania is so striking, that the most sagacious practitioner, if ignorant of the previous symptoms, would probably be deceived. I am acquainted with several cases of puerperal convulsions, which were succeeded by puerperal mania; the transition might, probably, be the result of the large bleedings

which were necessary to subdue the primary disease. The patient may die in the first fit, or after the occurrence of a great number of fits. Death rarely occurs just at the close of the paroxysm, but in the coma which succeeds it, or rather from asphyxia consequent upon the deteriorated state of the pulmonary function, of which the purple state of the skin is so characteristic."

Prognosis.—This, it is hardly needful to say, should be very guarded. During labor the attack has been least dangerous. The more sudden, the more frequent, and violent the attacks, and the greater the profundity of the intervening coma, so much greater, under all circumstances of attack, is the danger.

Treatment.—Mr. I. agrees with the best established authorities on this subject. He finds bleeding, purging—antimony in cases which occur before labor—rupturing the membranes when six or seven months of pregnancy have advanced—ergot when the os uteri and external parts are in a state authorizing its use—opium when the fits continue *after* delivery—leeches to the abdomen—cold water—bags of ice—evaporating lotions to the head—stream of cold water poured upon the head—in these various remedies, which are set down here in the order he considers them, does Mr. I. look for the removal of the disease, remarking that, "whether the convulsions arise before delivery, or appear subsequently, the general principles of treatment are the same."

A very important question remains. This is the question of artificial delivery during convulsions. This can hardly be entertained until the preceding treatment has been properly tried. Mr. I. gives the opinions of many regarding delivery. These are sufficiently discordant, and we need not trouble the reader with their recital. The author speaks thus.

"When the attack appears during actual labor, our line of practice is clearly defined; we must moderate excessive action, and deliver on the first favorable moment. But should the convulsions *precede* labor, the practice pursued by Dr. Joseph Clarke (very similar to that recommended by La Motte) is the most rational that can be followed, viz. to trust to nature's efforts, aided by medical treatment, until the patient's life appears to be *immediately* endangered by the continuance of the disease, and then to interfere in the speediest and safest manner to promote delivery. The circumstances which justify interference demand an impartial and dispassionate consideration, and should embrace the state of the uterus, the presentation of the fœtus, the period of gestation, and the violence of the symptoms. An apprehension lest the patient may die undelivered, has often proved an incentive for undertaking delivery at any risk, and, doubtless, the interests of the mother alone ought to decide so momentous a question; indeed, under severe and frequent paroxysms, especially of the tetanic kind, the child is frequently stillborn.* In Collins's cases, 14 of 32 children, including two twin

* "The Cæsarean operation, post mortem, might be performed with *faint* hopes of success. To determine, instantly, upon the operation (for delay is inadmissible), presupposes a promptitude and composure of mind to which few can lay claim; and since the preservation of the child, theologically considered (involving the baptismal question), is viewed with opposite feelings by Protestants and Catholics, the consent of the nearest relative, or friend, is essential before it should be undertaken. A late practitioner of this town resorted to the operation, about twenty minutes after the mother's decease, against the inclination of the friends (Protestants); and although the operation

births, were born alive. Of 43 cases, including a twin birth, which occurred under Dr. F. H. Ramsbotham's observation, 21 of the infants survived. The death of the child is considered, by this gentleman, to depend rather upon a defective utero-placental circulation, than upon direct pressure; but the result may be occasioned by either cause.

"The want of success in delivering generally arises from one of two causes; the first—delivering too early, before the uterine orifice has undergone sufficient relaxation; the second—postponing the delivery until effusion has taken place, or a fatal impression been made upon the brain. Previous to delivery being attempted, sufficient relaxation of the uterus must therefore be obtained by bleeding or emetic medicines in nauseating doses, purgative enemata, and perhaps the application of belladonna to its orifice, otherwise we incur the risk either of an apoplectic seizure, or a laceration of the uterus or vagina. This precaution has less regard to the degree of dilatation of the os uteri (for the orifice is not unfrequently more or less open for many days before labor), than to its state of softness; and if a decided impression be made upon it during the paroxysm, the sooner delivery is accomplished the better. Although the uterine orifice often becomes relaxed earlier than we might *a priori* infer, a moderate degree of resistance is, in every delivery, both to be expected and desired: but a forcible entry into the uterus must be discountenanced by every rational practitioner. Ashwell considers that we may always dilate the uterus with the fingers: a statement which I cannot assent to, and it is with marked propriety that Collins strongly cautions the practitioner to 'avoid hasty measures for the delivery of the child.'"

We have avoided offering our individual observation of cases of convulsions. But of twelve of which we have records, the perforator was used once, the head being low, and the violence of the fits continuing unsubdued under the fullest trial of bleeding, &c. made it physically impossible to apply the forceps or lever. The woman did well. The lever was used in one case; the woman died. In this case only one fit occurred, the child being delivered directly after it, and with great ease. The woman had become universally and enormously œdematous in the latter months of pregnancy, and after delivery effusion had taken place within the thorax, and death took place during the best established symptoms of such effusion. In the third case, the forceps were used in the last moments of life. The convulsions continued unabated till death. There was reason to believe that the disease was here produced by poison administered by a servant. The body was disinterred some months after burial, but an analysis by an excellent practical chemist did not verify the suspicion. In nine cases the delivery was trusted to the natural powers, excepting that in some of them the membranes were ruptured. The greater number of all these cases were first deliveries. We cannot, then, recommend forcible delivery from our own observa-

failed, I heard the principle of it condemned. On the other hand, a friend of mine, on a recent occasion, was blamed by the husband of an Irish woman (a Catholic), who expired very suddenly, near the end of pregnancy, for not resorting to it at the end of half an hour. It is clearly the practitioner's duty to suggest the measure. A living child was extracted by the Cæsarean operation, after the death of the mother by apoplexy, and reported in the *Lancet* for the 21th January, 1835, page 626."

tion of convulsions. We should farther say that in almost every case referred to, the disease occurred during pregnancy, at periods varying from six months to the expected time of labor. The practice and its result confirm the views of Dr. Ingleby.

But suppose delivery be determined on, the author next considers how it shall be accomplished. The means are the forceps—turning—perforating the head. Now the rules generally adopted in using either of these measures are to be rigidly applied in the case of convulsions. Mr. I. is full in regard to them. We notice here the same wise caution, the same regard to all actual circumstances, which appear throughout this work, and make it so highly valuable. The forceps are to be preferred in cases which permit their use, as less irritating during application and use, than turning certainly; and where the child is believed to be alive, or is known to be so by auscultation, than the perforator. Suppose, however, the head be above the brim, and the parts relaxed and in a state to allow of forcible delivery. Apply Levret's long forceps, and if it be impossible to do so, either because we have not the instrument or cannot apply it, why, turn. Dr. Joseph Clarke recommends the perforator, and gives six successful cases. But turning might have done as well, and saved one or more of the infants. When the head is low, and the child dead, and the forceps or lever either cannot be applied or are useless, then the perforator must be used.

The following rather long quotation contains much useful practical matter. It may not be new, but we are desirous to give our readers full opportunities of judging the author's writings, and this is confessedly best done by the writings themselves.

“Again, the attack may immediately succeed the birth of the child, previous to the removal of the placenta, and in this case the placenta will most probably be soon expelled. The introduction of the hand should, if possible, be avoided, on account of the straining which it would occasion. It may, perhaps, excite surprise that the fit should occur directly after delivery. Possibly it may arise from the great alteration in the circulating system produced by the sudden removal of pressure, or an immediate and violent impression on the nervous system, as it has been known to be momentarily fatal. The paroxysm which succeeds delivery or within two or three hours (when not connected with hemorrhage) is sometimes evidently referable to congestion in the brain, but more frequently to neglected states of the bowels during the last weeks of gestation. The first changes after delivery, however natural, appear instrumental in the production of the fit. Distention of the bladder, according to La Motte and others, may occasion an attack; therefore the introduction of the catheter must be enforced in cases of this nature. It may be supposed that owing to the violent contraction of the abdominal muscles, the bladder will be emptied, but the extent of this may be very partial; for in a case of this kind occurring after delivery, although the urine was largely discharged during the fits, there was still a material accumulation in the bladder. The lochiæ, when defective, and connected with tenderness over the hypogastrium, must be promoted by fomentations—perhaps leeching the vulva and other approved means.

"Convulsions arising about the second day after delivery, are usually connected with the secretion of milk, and demand active depletion; but subsequently to this period the attack will probably be connected with irritative fever, the result of decomposed portions of disrupted placenta, of which I have seen several instances. In this case the treatment will consist in the removal of the cause, allaying the febrile excitement, and supporting the strength. Phlegmasia dolens is a frequent sequel of this species of convulsions. Whenever the fit may appear, and however well the patient may seem to be on its ceasing, a very vigilant watch should be imposed upon her for many days, and all means enforced to ensure tranquillity of the system, since there can be no exemption from another attack until the changes in the uterine system are nearly accomplished."

"As respects the treatment after delivery, it may be observed, that on the subsidence of a long protracted coma, sensibility can scarcely be restored suddenly. We have now to contend with the delirium of mania rather than of fever, and a train of morbid actions as the result of the previous cerebral disturbance. The experience both of Gooch and Esquirol furnish ample proof that in this form of disease the depleting system is rarely admissible, and essential as bleeding may have been to preserve life, it cannot be doubted that the worst forms of delirium are the consequence of copious depletion. The grand object in the treatment is now to allay nervous irritation, and to restore the natural secretions by the mildest means. Though the presence of the child may perhaps be regarded with indifference, yet, as it may increase the excitement, the breasts had better be drawn by a properly qualified person. Purging must be avoided, and magnesia, or the mildest enemata (broth for instance), used for keeping the bowels open. Effervescing draughts with soda in excess, and camphor and hyoseyamus in pills, are also useful. The apartment should be sprinkled with the chlorides, and well ventilated, and the offensive discharges promptly removed: the linen on the person and bed must be changed frequently; the face and head sponged; the horizontal position strictly maintained, and as the urine and fæces are often passed involuntarily, the bed should be additionally guarded by skins of leather. The diet should consist of milk and water, cold chicken broth, soda water, grapes, oranges, &c. Puerperal mania almost invariably gives way to soothing means and moral management; and Esquirol ascribes the recoveries to nature rather than art. The termination of eclampsia in permanent mania may be regarded as peculiar to persons in whom a maniacal predisposition, or an excitement almost amounting to it, had previously existed; and, with a single exception, every case with which I am acquainted, was followed sooner or later by perfect restoration of the mental powers. In the instance excepted, delusions were established common to the ordinary forms of mania."

Mr. I., in this quotation, speaks of an attack of convulsions after delivery being produced by distended bladder. We have recently met with two cases threatening convulsions, in which the whole suffering was produced by retained coagula. The agony was most violent. In the

pains the head was bent back, the spine strongly curved, the limbs rigid. Upon passing the hand over the abdomen, the womb was felt to be large, unusually so after delivery, and very hard. The hand was at length introduced into the womb, in one case, and the coagula removed in a vast solid mass. A tight binder, with a thick compress of flannel interposed between it and the integuments over the uterine tumor, was tightly secured. The patient expressed extreme relief. Sinking soon came on, though there was no bleeding to produce it; the pulse remained at the wrist, though very small; the face became deathly white and cold. Laudanum, ammonia, and other stimulants, were vigorously used. Reaction occurred, and the woman did well. It was necessary for nearly four hours to be nigh the patient, and constantly to administer sustaining drinks. Nausea and full vomiting preceded the fullest establishment of reaction. In the other case, the womb emptied itself with perfect relief.

We must here take leave of this very excellent volume. It will give us great pleasure to return to it, and finish the analysis now begun, in some future number.

TRANSMISSION OF VACCINE VIRUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I noticed in your paper of Wednesday last some remarks respecting an unfavorable result in introducing the vaccine virus into Siam, in consequence, probably, of the length of the passage, and the virus not being properly prepared to preserve its activity and freshness during the changes of so long a voyage; and, also, Dr. Bradley's urgent request that some means be devised that the vaccine virus might be transmitted to him, without undergoing a loss of its active principle. Having given the subject some little reflection, I am prepared to say that I can conceive of no very great difficulty that would attend the introduction of the virus to that place. Two very probable modes suggest themselves. The first is the following, viz.: let a *phial*, sufficiently large to contain the virus, be coated with tin foil, in a similar manner to the Leyden jar, on the whole of its external surface. Charge the phial with the fresh matter, and instantly cork it tight, and tie over the cork a cap of new bladder, coating the same with wax. Have ready another phial, coated in like manner, and sufficiently large to admit the one containing the virus, with a space of an inch or more both around and at the top and bottom of the phial, which space is to be filled in a careful and compact manner with chloride of sodium, or common sea salt. The salt is to be moderately powdered, so that it may be more closely and compactly pressed about the inner phial. The mouth is to be well corked, and covered in the same way as the first. Some caution should be given in selecting the pure chloride of sodium, as it is often the case that it is contaminated with muriate of magnesia, which will cause the

salt to deliquesce, and therefore render the packing too incomplete to preserve the matter from the warmth of the atmosphere. Light, as well as heat, possesses the property of decomposing very readily any active matter subject to chemical influence. By coating the phials with tin foil, it not only entirely excludes the light, but, by stopping the pores of the glass, the deteriorating effects of the atmosphere also. The *chloride of sodium* possesses the property of rejecting and repelling heat, and, when properly prepared in the manner prescribed above, vaccine matter or almost any substance may be kept a long time, and I should conclude that, with an ordinary passage, it could be sent to Siam, in a fit and perfect state for use. I need not suggest, however, that all possible care should be exercised in keeping the package in the coolest part of the ship—also well packed in saw dust, in a box, so that the phials should not be exposed, nor be liable to be opened.

The second, and most eligible mode, which has been suggested to me by my learned friend, Benjamin Crowninshield, Esq., is to transmit the matter alive; or, in other words, by successive or continued vaccination in a ship's crew or a company of missionaries bound to that part of the world. The process of vaccination is now well known to be simple, and devoid of danger or inconvenience, and would in no ordinary case deter the patient from attending to his business or duty about the ship. An average passage being not over five months, and the time of taking the matter from the arm not being generally under the sixteenth or seventeenth day, we should readily conclude that out of a ship's crew, or a company of missionaries, which goes with nearly every vessel bound to that place, might be found subjects enough for vaccination, to carry the matter to Dr. Bradley alive; or, if it did not reach there entirely in this state, it would in all probability be so near, that, with a little care in its preservation, it would arrive to him in a state which he so much desires, and which in all probability would be the means of saving the lives of thousands of our fellow beings.

These few remarks have been suggested in haste, and if you consider them worthy of notice, you are at liberty to make what disposition of them you think proper.

Roxbury, Aug. 7, 1837.

Respectfully yours,

ANDREW STONE.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 16, 1837.

ITALIAN MEDICAL LITERATURE.

Trattato di Clinica Chirurgica.—Our distinguished correspondent, Dr. Portal, of Palermo, has sent us two octavo volumes, recently written by himself, duplicates of which are in our care for the Medical Societies of Philadelphia and New York. The title of the first is given above, and

the other, of similar dimensions, *Memorie-Medico-Chirurgiche*, del Dottor Placido Portal, vol. primo, came from the press the present season. In the thirteenth and fourteenth volumes of this Journal, translations from the medical writings of this gentleman were occasionally introduced. Every paper bears the impress of deep investigation and a most thorough devotion to the science of medicine. He is a nephew of the celebrated Assalini, whose ingenuity in devising various instruments for facilitating difficult surgical operations was acknowledged by the Royal Society, and the London Journals of the time were careful to note his discoveries and proclaim his merits.

Gentlemen wishing to make themselves acquainted with modern Italian literature, but more particularly with the progress of science in Sicily, would find Dr. Portal an extremely obliging correspondent. His connection with all the learned societies, gives him peculiar advantages for collecting their various publications, which he has always been prompt in forwarding to the address of those who manifest a disposition to exchange civilities.

Extracts from the above-mentioned works will be given in the Journal occasionally, as the translations are completed.

Medical Lectures.—Several schools will commence their annual course of lectures in the latter part of the present and the beginning of next month. In Harvard University the term does not open till November, which is, we think, against the interest of the institution. When the lecture season begins here, nearly all the other schools within three hundred miles of Boston, have more than half finished. With the advantages possessed by the medical college of this city, connected, as it is, with an admirably conducted hospital, we should be glad to have its claims appreciated by students at a distance. There are so many medical charities supported by the citizens of Boston, that a person studying here must be culpably idle not to be well taught in every department of the profession of medicine.

Physiology of the Nervous System.—M. Magendie, who undoubtedly possesses the happiest tact of any man living for delivering lectures in an interesting manner, is now giving a course on the physiology of the nervous system, illustrated by frequent experiments on small animals. In the twentieth lecture he divided the fifth nerve in a rabbit, to show how insensible the external acoustic apparatus was instantly made by the operation. A probe thrust into the tympanum was not regarded. But in a second rabbit, one side only suffered a division, and the other remained unmolested. Whilst the poor quadruped was convulsed with pain by the touch of the instrument on the membrane in the one, in the other no sensation was manifested. A strong dog being placed on the table to exhibit the same phenomena on a larger scale, he broke from his tormentors in a paroxysm of fury caused by distress, and made a fortunate escape from the theatre of the learned physiologist.

Medical Fees.—In the United States and England the cost of professional advice is represented to be much higher than in any other country. There seems to be a necessity for it, for they are the dearest countries to

live in on the globe. Medical charges by no means correspond with the price of the necessities of life, notwithstanding this complaint, made by those who know nothing of the cares and responsibilities of professional drudgery. In illustration of the above declaration, a gentleman remarked to us the other evening, that he called, when in Paris, on the celebrated Louis for advice. This was at his house. Subsequently, the doctor visited him twice at his lodgings, went through a long examination of his case, and afterwards sent him five written pages of directions to follow while his travels were continued in Europe—and for the whole, charged *less than twenty dollars* ! It should be recollected, however, that France is the cheapest realm, in the catalogue of kingdoms, to subsist in.

Yellow Fever.—Latest accounts from Havana represent the prevalence of yellow fever among the shipping. Since the appointment of Gen. Tacon to the distinguished post of Governor of Cuba, those terrific scenes, by the disease, which were thought could not be allayed by sanitary precautions, have entirely passed away. The simple process of keeping the streets clean has produced this happy result. Strangers are the principal victims at the present time. It is inferred, therefore, that the health police, which has been extremely vigilant heretofore, has become negligent, and the accumulation of vegetable matter in various stages of decomposition in the neighborhood of the shipping, has given rise to the malady.

Medical Appointments.—It has been officially announced that Dr. Robert E. Dorsey, of Baltimore Co. has been elected professor of *Materia Medica*, in the University of Maryland, and Dr. M. A. Finley, of Washington Co., elevated, in the same institution, to the chair of *Theory and Practice*. An anatomical demonstrator, beside a teacher of chemistry and surgery, is still to be found by the trustees. An adjunct professor of *Anatomy* is also to be appointed in the New York College of Physicians and Surgeons—a very desirable place indeed.

Diseases of St. Croix.—Notwithstanding the brightness of the sky and the proverbial salubrity of the atmosphere in St. Croix, the El Dorado of valetudinarians from the United States, there is one peculiarity in the condition of things there, which has never been satisfactorily explained. This is the tendency to lockjaw which men, women, children, and animals participate in alike. This fact is referred to in Dr. Tuckerman's recent letter in the *Journal*, and is so notorious amongst the planters, that it has ceased to be a matter of wonder. It forms a curious subject for medical philosophizing, how it happens that slight wounds, bruises and contusions, resulting from the most common and ordinary circumstances, are frequently followed by an intense rigidity of the maxillary muscles, which scarcely relax in death. There is good authority for asserting that the domestic animals are equally liable to the same malady, though, when young, they seem less predisposed than in adult age. Those conversant with the domestic condition of the inhabitants of St. Croix, are familiar with the general custom of drinking rain water, which is not always of the purest kind, being sometimes extremely offensive

from being kept a long time, during continued droughts, in wooden tanks. Those who can afford the expense, are careful to filter that which they drink, through stone, but the laborers have no such preparation, and they are obviously the greatest sufferers from lockjaw. No mention has been made of a similar predisposition to the disease in any of the adjacent islands, although their geological appearance is very similar.

☞ Many of our subscribers will find their bills enclosed in this number of the Journal. An early attention to each one of them is requested, especially to those which should long ago have received it. Distant subscribers are desired to forward U. S. Bank or Eastern bills, when such can be procured. When this cannot be done, those which are generally current in their own State will be received, so that there need be no delay on account of the unsettled state of the currency.—Money may be sent, by mail or otherwise, to the publisher or either of the following agents:—Mess. Duren & Thatcher, Bangor, Me.; Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Baleh, jr. Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Crowel, Esq. P. M. Catskill, N. Y.; S. Freeman, Esq. P. M. Williamstown, N. Y.; Mr. Charles S. Francis, bookseller, Broadway, New York; Mr. W. C. Little, bookseller, Albany, N. Y.; William A. Gillespie, M.D. Ellisville, Louisa County, Va.; Mr. L. Dwelle, Augusta, Ga.; S. Mayfield, M.D. Franklin, Tenn.; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Mess. Hedge & Lyman, Montreal, L. C.; Mr. Joseph Tardif, Quebec, L. C.

DIED,—At Fort Mitchell, Ala., Dr. Dayton Spencer, aged 35, a native of Canton, Conn.—At Hartford, Ct., Nathan Strong, M.D., aged 56.—At Portland, Me., Dr. John P. Briggs, 45.—At Willow Spring, Mi., Dr. Rufus H. King, aged 28.

Whole number of deaths in Boston, for the week ending Aug. 12, 39. Males, 21—Females, 18.
Consumption, 3—dropsy on the brain, 1—teething, 1—dysentery, 5—canker in the bowels, 2—cholera infantum, 2—measles, 2—infantile, 1—intemperance, 1—erysipelas, 1—marasmus, 1—typhus fever, 1—lung fever, 1—hives, 1—inflammation on the brain, 1—croup, 1—dropsy, 1—delirium tremens, 1—stillborn, 2

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1837, will commence the last Thursday in August and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - - - -	H. H. CHILDS, M.D.
Pathological Anatomy, by	- - - - -	E. BARTLETT, M.D.
Materia Medica and Pharmacy, by	- - - - -	DAVID PALMER, M.D.
Botany, Chemistry and Natural Philosophy, by	- - - - -	C. DEWEY, M.D.
Surgery and Physiology, by	- - - - -	W. PARKER, M.D.
General and Special Anatomy, by	- - - - -	R. WATTS, JR., M.D.
Legal Medicine, by	- - - - -	HON. HENRY HUBBARD.

Fee for the Tickets of all the Professors, \$50. Those who have attended two full courses at an incorporated medical school, \$10. Graduation, \$16. Board not exceeding \$2 per week.

By an act of the Legislature of Massachusetts, passed April, 1837, the Berkshire Medical Institution is constituted an *Independent Medical College*, with authority to confer degrees, and the graduates are entitled to all the privileges and immunities which pertain to the medical graduates of Harvard University.

By a vote of the Massachusetts Medical Society, passed the 31st of May last, the graduates of the Berkshire Medical Institution, are ex officio entitled to admission as Fellows of said Society.

C. DEWEY,
Dean of the Faculty.

July 19—61

COLLEGE OF PHYSICIANS AND SURGEONS of the Western District—Fairfield, Herkimer county.—The Annual Course of Lectures will commence on the first Tuesday in October, and continue sixteen weeks. The lectures will be delivered as follows.

On Chemistry and Pharmacy, by	- - - - -	JAMES HADLEY, M.D.
On Anatomy and Physiology, by	- - - - -	JAMES McNAUGHTON, M.D.
On Materia Medica and Medical Jurisprudence, by	- - - - -	T. ROMEYN BECK, M.D.
On the Practice of Physic and the Diseases of Women and Children, by	- - - - -	JOHN DELAMATER, M.D.
On Surgery and Obstetrics, by	- - - - -	REUBEN D. MUSSEY, M.D.

The advanced age and increasing infirmities of Professor Willoughby, President of the College, will hardly allow him to lecture during the ensuing term, and the course formerly given by him will therefore be given by Professor Mussey.

Price of tickets for the whole course, \$56. The professors are provided with ample collections to illustrate their lectures, and every facility is afforded for the practical acquisition of the profession.

The board is as low, if not lower, than in any other village in the State. Additional information, if needed, may be obtained by applying to any of the professors. JAMES HADLEY, Register.

Aug. 16—41

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.	Fees.
Anatomy, and the Operations of Surgery, by JOHN C. WARREN, M.D.	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	10
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, July 5, 1837.

Nov. 1.

WALTER CHANNING,
Dean of the Faculty of Medicine.

MEDICAL LECTURES IN THE CINCINNATI COLLEGE.

THE session commences the last Monday of October, and ends the last day of February.

Special and Surgical Anatomy, by	- - - - -	Dr. M'DOWELL.
General and Pathological Anatomy and Physiology, by	- - - - -	Dr. GROSS.
Surgery, by	- - - - -	Dr. PARKER.
Obstetrics and the Diseases peculiar to Women and Children, by	- - - - -	Dr. RIVES.
Chemistry and Medical Jurisprudence, by	- - - - -	Dr. ROGERS.
Materia Medica and Pharmacy, by	- - - - -	Dr. HARRISON.
Theory and Practice of Medicine, by	- - - - -	Dr. DRAKE.
Dissections and Practical Anatomy, by	- - - - -	Dr. TRIMBLE.
Clinical Instruction in the Cincinnati Hospital, by	- - - - -	DRS. DRAKE, PARKER and RIVES

Professor Parker, now in Europe for the purchase of additional books and apparatus, will return in October.

Dr. Trimble will open the rooms for Practical Anatomy on the 1st of October, and Prof. M'Dowell will at the same time commence a preliminary course of Osteology.

Expenses.—Tickets for the Professors, \$15 each; Matriculation, \$5; Lecture ticket (optional) \$3; Hospital ticket, \$5; Anatomical Rooms, \$10. Total, \$125. Respectable boarding and lodging can be had at \$3 a week.

As we have no national circulating medium, the Faculty consider it proper to give notice, that they will receive from students, at par, the current bank bills of the different States in which they respectively reside.

By order of the Faculty.

Aug9—31

J. B. ROGERS, Dean.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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GERHARD ON TYPHUS FEVER.

[THE last number of the American Journal of the Medical Sciences contains a very interesting and valuable article on the typhus fever which occurred in Philadelphia in the spring and summer of 1836, by W. W. Gerhard, M.D., one of the Physicians of the Blockley Hospital. From the more practical part of Dr. G.'s paper, we make a few extracts.]

Prognosis.—We inferred with considerable certainty that a patient would recover who was admitted at the early stages of the affection, and whose constitution was not broken down by previous diseases or excesses. The event generally justified this opinion, as the results of the treatment will prove. Typhus, therefore, is not a very mortal disorder, although always dangerous. It is scarcely more fatal than dothinerteritis or pneumonia. When the stupor was extreme, so severe as almost to amount to coma, the prognosis was nearly always fatal; but if the stupor could be diminished, although only for a short time, by rousing the patient or addressing him in a loud tone of voice, the fever might be expected to terminate favorably. We could not trace a close connection between the degree of subsultus, or the alteration of the senses or sensibility, and the danger of the disease. The affection of the lungs was generally moderate, and was therefore omitted in our calculations; still, decided pneumonia became a grave complication, and evidently proved fatal to one of our patients. The prognosis was extremely unfavorable if the prostration, which is so frequent in the latter stages of the disease, happened to occur at the beginning, or during its course, before the complete abatement of the fever.

The prognosis was different at various periods of the epidemic. The same rule extended to typhus as to cholera, and other epidemics of malignant disease. At the beginning the cerebral symptoms were more violent than they were afterwards, and our prognosis was grave, in accordance with the great mortality which then occurred. But afterwards, when the fever was less extended, it also became a less mortal disease, and we anticipated the recovery of the patient in nearly every case. This rule of prognosis should therefore not be overlooked by those who may witness similar epidemics; if they are limited and short, the success of treatment will seem very great; but if their form be more violent, a fatal termination may be expected in a considerable proportion of patients.

That typhus is clearly a contagious disease, was fully proved in the epidemic of 1836 at Philadelphia. Its contagious property is also admitted by most authors who have accurately observed the same disease. We must therefore immediately take precautions for the complete separation of typhus patients from those affected with other diseases. If the number of typhus cases be small, these precautions need not be so strictly enforced; and may be limited to the free ventilation of the ward and the preservation of absolute cleanliness. The contagious principle does not extend far from the individual, and is readily dissipated by free ventilation. The chlorides of lime and soda were used freely about the bed of the patient; and although they certainly did not prove substitutes for fresh air, they were useful, and the chlorine in a great degree neutralized the offensive exhalation from the patients. We need not add that the friends of the patient should be excluded from his apartment, except as many as may be required for the necessary services to the sick. This exclusion is necessary to prevent the propagation of the disease, and preserve the air of the room in purity.

In practice we should remember these precautions; and although at the time, typhus may not exist, practitioners throughout the country should recollect this necessity. For partial epidemics of petechial typhus will undoubtedly again occur; and if they are not managed with the necessary care, the disease may extend to a large number of patients who would otherwise have escaped. We are the more earnest in calling the attention of the profession to this subject, as the disputes relative to the contagion of yellow fever have certainly unsettled the minds of many physicians on the subject of contagion in febrile diseases. But as we possess clear demonstrative evidence of the direct contagion of petechial typhus, it would be both absurd and criminal to neglect the appropriate hygienic measures.

The treatment which was usually pursued by us, may be learned from a study of the remedies already indicated; but as their separate examination tends to break up the connection of this description, we will state in a few words what treatment we thought preferable under ordinary circumstances. At the beginning local blood-letting will diminish the cephalalgia or other local uneasiness which may chance to exist; general bleeding is to be used only as an occasional treatment; afterwards the patient should be kept upon a mild farinaceous diet, with a little animal broth. The heat of the surface is to be moderated by cool or tepid sponging, preferring a solution of chloride of soda to simple water. The effervescing draught and other mild beverages may be taken as a common drink, more stimulating diaphoretics if the strength of the patient should fail; wine and other stimulants should be given when the prostration is great; and quinine, with a concentrated diet, should be added when the fever subsides, and the skin becomes cool. Emetics, purgatives and blisters were found useful occasional prescriptions, adapted to the removal of particular states of the system, but did not answer our expectations as a general method of treatment.

The mortality amongst the cases which were treated by us from the beginning was not great; but the total loss of patients admitted at ad-

vanced periods of the disease, many of whom were moribund, was very considerable, about one in three. The best means of judging is to examine the mortality amongst the officers and servants of the house who happened to be taken with fever while in a good or tolerable health. Of these patients two died, making about one in seven. Of the two who died one was paralytic, enfeebled and advanced in years; the other was a young woman in good health, but was affected at the beginning of the epidemic, when the disease was very severe, and our notions of the treatment were not so definite as they afterwards became. The mortality is not then great, under favorable circumstances; but is very large when neglect, bad food, crowded apartments, a broken constitution, and above all, a severe form of the epidemic, are combined.

The duration of this disease, after it was fully formed, varied from eleven to twenty-eight days. In a few cases it was protracted for a still longer time, but these cases were complicated with an accidental lesion, developed during the course of the fever, and lasting after the latter had completely disappeared. The average duration, exclusive of the cases which terminated in death or in sloughing of the depending parts, or disease of the chest, was nineteen and a half days. About one half the cases terminated at or very near the twentieth day (from 19th to 21st inclusive). In the cases which lasted less than the average time, most of the patients were below the age of twenty years, so that youth not only diminishes the danger of typhus but shortens its duration. After twenty the duration of the disease did not seem to depend upon the age of the patient.

The duration of the cases which entered at an early period of the disease was less than that of those admitted after the first week. Whether the longer duration of the latter cases depended upon the want of care and previous bad treatment, or whether the cases admitted at the later periods of the fever were selected in consequence of their not recovering so rapidly as other patients, cannot be rigorously demonstrated. We believe much of the difference arose from the absence of medical attention and the necessary comforts of life, as many of these protracted cases were evidently slight, but they were nevertheless prolonged beyond the average duration.

The general conclusions with respect to the power of treatment, are, that though it cannot cut short the petechial typhus after the disease is formed, it may shorten the duration, diminish the mortality, and mitigate the severity of the symptoms.

IDENTITY, SLEEP AND DREAMING.

(Concluded from page 17.)

IN considering the bearing which the late case of somnambulism has on other mental affections, it is necessary to recal to mind the following phenomena which the patient exhibited while in the paroxysm.

1st. Great diminution of external sensation.

2d. Great activity of memory, and of imagination.

3d. Mistaking the suggestions of memory and imagination for realities.

4th. Excepting, however, those facts, which memory recalled from former paroxysms.

That these phenomena depended on the condition of the brain, is evident from the consideration, that had they depended on consciousness, no reason can be assigned why it could draw facts from a previous period, without drawing the conclusion of its own pre-existence in connection with those facts. When it is considered, also, that this mental affection had just been preceded by inordinate locomotive activity, and a still more wonderful increase of external sensibility, known functions of the nervous system, both of which were now nearly inactive, there can be no hesitation in referring the whole to that part of the brain by which the internal acts of consciousness are carried on.

The wonderful acuteness of memory, of wit, judgment, in short the increase of all mental actions, unite, with analogical inference from the previous increased power of the perception of sensation and of locomotion, in showing that the peculiar condition of the brain present, was one of exalted irritability.

But though the condition of the brain was one of exalted irritability, its mode of activity, instead of being altered by it, was merely modified, some parts being left out, in consequence of this increase of irritability. Reasoning, memory, impulsion, took place according to the laws of suggestion and combination, within certain limits, as regularly as in the natural state. This will be understood by taking into view some of the facts that consciousness reveals to us.

When a new idea enters the mind, whether from sensation, from memory, from imagination, or judgment, the mind is exercised in one of two ways; as it believes it true and in reality present, or as it doubts its truth and present reality. In the first case, it is affected by it in relation to its consequences; in the second, it acts to learn its truth or falsehood as a preparatory step to following it out to its consequences. Now it was this preliminary process that was the only thing wanting in all the above instances. After making allowance for this, everything went on, in train, as harmoniously as in the waking state.

We can account for the loss of this process in no other way than by supposing, either that the brain was unable to pass through the consecutive changes necessary for the train of ideas, which so modify the first idea, as to give the impression of its truth or falsehood, or that the suggesting principle was itself wanting, to excite its activity in that mode. The fact, however, that the brain executed the first process in remembering and justly estimating in subsequent paroxysms what took place in previous ones (the irritability being then the same as natural, relative to those paroxysms, and less compared with the increase from that of the natural state, to that of either paroxysm), is a sufficient proof of its ability to perform the process when the conditions were favorable; so that the question resolves itself into the inquiry, what was the nature of the suggesting principle which alone was wanting to excite the mind in the train necessary to **correct its ideas?** or, rather, what was the state

of the brain that rendered it indisposed to pass through its wonted phases corresponding to that train of ideas?

There is abundant reason to believe, that the medium by which the mind judges of the truth and reality of an idea, is the degree of impression which it makes on the brain. We are all conscious that we give our assent at once to the ideas excited by external sensation, as well as intuition. Those ideas appear vivid, and complete. They arrest the attention, and fix it wholly upon themselves. The mind rests upon them, as it were. The brain momentarily ceases its action. But the ideas of memory or imagination are indefinite or incomplete. And it is this sensation of indistinctness which distinguishes them as ideas of memory or fancy, and suggests to the mind the propriety of inquiring into their truth and present reality. This is done by calling up other ideas calculated to modify the original one, and give to the mind the power of estimating its true relation. Yet, by an effort of consciousness, we can so fix the mind upon the contemplation of that single idea, that it will appear as a reality. Hence the conceptions of the poet and the painter. Their greatness depends on the power which they have of creating an imaginary world from the reminiscences of the past, or the visions of the future, and setting aside all suggestions calculated to weaken confidence in its reality; of dwelling in it, as it were, and of employing themselves in delineating its features, or tracing the effect of its varied scenes on their feelings and passions, without losing the thread which binds them to their former selves, and to the real world which they inhabit in common with us. The frequent instances of mental derangement found in these two professions, depend on this form of mental occupation, conducted without sufficient care to preserve their actual relations inviolate. Habit gives to the imaginary world the preponderance over the real world; the visions of memory or fancy become more vivid, and make a stronger impression on the mind, than those of sensation and intuition, until finally they are mistaken for realities, and give rise to numberless illusions.

How can we account for this effect, but by supposing the brain to have acquired a morbid irritability of acting relatively to that mode of activity, by continued repetition of passing into the same states for the impressions of memory and imagination, which belong to it for those of sensation and intuition alone?

All the forms of monomania are but one continued illustration of this principle. And if I do not follow them out in this connection, it is because the pages of a Journal whose design is practical, admits of little room for disquisitions of this kind. Spectral illusions, also, contribute to the same effect.

If, again, we suppose the brain to become preternaturally irritable in all its modes of activity, it is easy to explain how it is, that in some insane persons, exaggerations, spectral illusions, deceptions, mistaking one person or thing for another, occur simultaneously. The slightest resemblance or analogy acting through the nerves of sensation or reflection, and by law of association, suffices to throw the brain into the same state from which it formerly transmitted to consciousness the same ideas that

now occupy the mind. It is useless, and worse than useless, to attempt to remove these false impressions by argument, for the mind is impressed with the idea as much as in the healthy state it ever can be with a visible object. To argue with such a person is, therefore, like undertaking to persuade a sound man out of the evidence of his senses.

In like manner, in the case before us, by supposing that the reflecting portion of the nervous apparatus had acquired the same intense degree of irritability, which was manifested but a short time before in the sensitive and locomotive portions respectively, we have a single cause which at once explains satisfactorily all the phenomena attending the state of somnambulism. The faint impressions of memory and imagination acted on a surface of highly increased sensibility, and the result was increased vividness, completeness, distinctness, in short, a state of the brain precisely the same as when the idea recalled was first presented to the mind, or the idea imagined appeared as a conclusion of reason, and left no motive, nor occasion, to make any inquiries in relation to its truth.

We are also led to infer that there is a sort of circulation of an influence throughout the nervous system, subject to local determinations, like the circulation of the blood in the vascular system; and whether it is considered of the nature of the galvanic fluid, or something that never exists but in connection with life, it was to the irregular distribution of it that all the phenomena must be referred, inasmuch as it gave to the particular portions of the nervous apparatus that increase of irritability which the increase of their functions manifested.

It may not be gratuitous to observe, further, that the order in which these different portions of the nervous system were affected, was the same in which they are accustomed to lose their irritability in the change from the waking to the sleeping state, viz. volition, sensation and reflection; and, to hazard a speculation, that the whole series of phenomena, from the commencement of convulsions to the close of talking, was but an irregular process of going to sleep—the nervous influence, instead of flowing *gradually* and *partially* from the circumference to the centre, being propelled *suddenly* and *totally*, with such momentum as to occasion a reflux back again. But the flow and reflow progressively diminishing, after each centripetal direction, from being enabled to reach, at first, the nerves of *volition*, in the second place the nerves of *sensation*, in the third the nerves of *reflection*, occasioning in an intense degree the phenomena of each of these systems, it finally passed from the functions of animal life altogether, terminating in profound sleep. The regularity which was manifested in the recurrence of these phenomena, the suddenness of the transition from one state to the other, the excessive torpor of those systems not immediately exercised, could not but suggest this hypothesis to an impartial observer; while the phenomena of nervous, intermittent and convulsive diseases, mania, epilepsy, apoplexy, hysteria, &c., more or less concur in support of it.

His mistake in regard to the appreciation of time, is accounted for from the rapid succession of ideas in his mind—our estimate of time being founded on the number of ideas which pass through the mind in a given period.

I shall conclude these observations, by offering the following conclusions to which they lead, as answers to the questions first proposed

1. Personal identity was lost from the sudden suspension of consciousness, and its revival occurring in a state when the suggestions of memory were taken for realities, no clue could be afforded by which it could be recovered in the usual way after sleep.

2. All the phenomena are referable to an increase of irritability, in that portion of the nervous structure appropriated to the performance of the intellectual and moral acts.

3. It differed from sleep, in one part of the functions of animal life being exercised with unusual activity and power, while the rest were more torpid than usual in sleep.

4. It differed from dreaming, in nothing except occasionally giving utterance to thoughts passing in the mind.

5. It differed from all the forms of mania, in the suspension of sensation and volition.

6. A legitimate inference, unless facts can be urged in direct contradiction to it, from comparing all the circumstances, is, that that intense irritability, which gave to the impressions of memory and imagination the vividness of reality, was a less degree, or a transfer of that, which gave to the faintest impressions of light the power of exciting distinct vision, to ordinary impressions a dazzling effect, and to volition a wonderful energy, activity and harmony of combination, in muscular action; and consequently the laws which regulate the operations of the mind must be sought for in conjunction with those of sensation and volition.

B. D. H.

Since the above was sent to the office of the Journal, the writer took up the No. of the British and Foreign Medical Review for April last, in which is a letter from Dr. Marshall Hall, setting forth his claims to the discovery of what he calls the reflux function of the nerves. This reflux function seems to be, according to Dr. Hall, a power in the nerves when irritated to excite motions in the muscular system, independent of sensation or volition. The view opposed to this, drawn from a comparison of similar facts by the reviewer of his work, by Cuvier, and by Professor Dunglison, is expressed by the latter in his work on physiology, as follows. "That volition" (and of course sensation) "is seated chiefly in the brain, but that an obscure volition may, perhaps, extend over the whole spinal axis." Cannot the facts be better explained, and the opinions reconciled, by considering what has been termed volition as a sensation, and muscular motion independent of both? that it is not because the mind *feels* a desire or will to move, or to call up a certain idea from memory or imagination, that motion or thinking is exercised, but because the state of the brain or nervous system in which that sensation is felt is the one which predisposes, by nature or education, to the subsequent mental or muscular effort?—the sensation itself being superadded, though from the habit of always observing it precede the act, we are deceived into the belief that it is the cause. Paralysis, consequent on disease of the brain, may arise from two causes; 1st, from the brain becoming so impaired in its general structure as to be

incapable, when operated upon by motives, of passing through the successive changes preliminary to the state expressed by volition; 2d, from incapacity to transmit its stimulus to the system of voluntary nerves. The general paralysis of insane people is an example of the first; hemiplegia, of the last. The system of voluntary motion has its laws, independent of the brain and of other agents; and while its excitability remains, it acts according to those laws, whether stimulated by the brain, by galvanism, or any irritant.

The argument for necessity by Collins, Edwards, and Locke, adapts itself happily to this view. That education increases the size, improves the powers and functional actions of the brain, few will deny. And it is universally admitted that the brain is the seat of the disease in mental derangement. The constant feature present in this disease, and the only constant one, is want of control. The meaning of which is, that there is a loss of balance between the effect of motives that excite to a given action and of ideas that suggest their consequences, and that joint effect of other motives tending to restrain the action of the first, and other ideas tending to modify the second, and enable us to judge of their truth if suggested by imagination, and of their present reality if suggested by memory. In all cases of excitement the former preponderate over the latter, producing exaggeration and perversion; in imbecility, the latter, producing inconclusiveness, doubt, and hesitation. This, I believe, is susceptible of proof; and the only rational method of applying the two propositions together, viz. the organ deranged, and the features of derangement, and deducing a legitimate conclusion, is, to infer that these last arose from altered sensibility of the brain.

LARGE DOSES OF OPIUM IN RHEUMATISM.

[Communicated for the Boston Medical and Surgical Journal.]

I STATED, in a former communication to the Boston Medical and Surgical Journal, that when a proper opportunity presented itself, I would give an account of two more cases of rheumatism, in which large doses of opium were used. These were the first cases of rheumatic affection I ever saw. One patient, Mr. H. L., resided in E.; the other, D. S., Esq., in C. The former recovered, but the latter did not. H. L. was a young man, perhaps about twenty-five, of not a very robust constitution. He had been affected with moveable pains and swelled joints a week when I saw. Fever, rather of the typhoid type, had been seated upon him two or three days when I was first called. Thinking it "nothing but rheumatism," as they expressed themselves, they did not send for a physician as soon as they otherwise would have done. They would not have sent as soon as they did, had it not been for a profuse hæmorrhage from the nose, which they could not stop. My place of residence was six miles from his, and the hæmorrhage lasted from the time it commenced till after my arrival. It was suppressed by styptic applications externally and locally, and by pills of acetate of lead, opium

and ipecacuanha internally. It was judged by those who were present that he lost four quarts of blood; but as blood shows more than it really is, this was probably an erroneous judgment. The treatment afterwards was the same as that of the other cases which I have mentioned. This produced a mitigation of the pain and swelling, a gentle but continued diaphoresis, and the same sort of pleasurable sensations which were spoken of in my other communication. As the disorder had become so firmly seated, neither the pain, the swelling nor the fever could be entirely removed. Sometimes every joint was swollen, and sometimes only those of a particular limb. After commencing with the course above mentioned, he suffered not much if he kept still, but if he moved an inch without the greatest caution, the pain was excruciating.

In addition to the remedies prescribed for the rheumatic affection, the fever, as may well be supposed, had to be looked to. This, as it was treated in the common way, need not be commented upon. For about a week he was as comfortable as could be expected, the effects of the treatment being pretty much what they were in the cases named in my other communication. The fever, however, somewhat increased, and from this cause, as I supposed, he was seized a second time with hæmorrhage from the nose. The loss of blood was great—so great, that I am unwilling to state what the opinion was in regard to it. Suffice it to say that it was suppressed as readily as in the former instance, and by the same remedies. I continued the opium course, but owing to the severe rheumatic affection, the fever and loss of blood, such a degree of subsultus tendinum presented itself, that every joint and every muscle was in motion. In the course of three weeks from the time I first saw him, the fever and swelling subsided, and the subsultus tendinum disappeared. Soon he began to talk of nourishment; and gruel, rice water and weak broths were allowed him. There had been a want of color in his face, but now, perhaps from the food that had been given him, there was a flush upon it. The fever, which had pretty much left him, again exhibited itself. His pulse were full and hard, and rheumatic affection was again exhibiting itself in his joints. I was somewhat at a loss what to do, and was about to make a proposition for another physician to be called. His pulse being hard and full, I thought it would do no harm to bleed; I therefore took a pint from his arm, and from this time he continued to recover. His recovery, owing to his debilitated state, was slow, but constant. From the healthful diaphoresis and other favorable effects of the medicine, there can be no doubt that the opium course was a useful one, and the only one which, aided by any other remedies, would have effected a cure. In regard to the hæmorrhage, it was the opinion of Dr. W., an eminent physician in the district where I belonged, that he would not have recovered had it not been for this. “You would not have dared to bleed him,” said he, “so much as his case required.”

The case of D. S., Esq. was not deemed, at its commencement, so severe as the preceding. There was no hæmorrhage, and the fever was not so much of the typhoid type. The pain, swelling, redness and heat were equal to what they were in the other. I bled him twice,

largely, and made use of the same treatment in addition to this, which has been mentioned in my account of the other cases. He was a person of a more robust and athletic constitution than the person of whom I have just spoken. Never, in any case, was there anything done that seemed to have a more favorable effect than this treatment. An abatement of the fever, subsidence of the swelling, pain and redness, diaphoresis, the softening and diminished frequency of the pulse, all promised very decidedly a favorable prognosis. His tongue was less coated, mouth moist, intestinal and urinary excretions regular, and every symptom favorable—much more so than in the case I have just treated of at the same period of the disease. He was weak and somewhat debilitated, to be sure, and on this account, Dr. R., of P., a physician considered by many to be very skilful in raising up, or “patching up,” as he himself expressed it, weak patients, was proposed as a proper person to be sent for as a consulting physician. He had the reputation of being a regular physician, because he belonged to the Medical Society, but in practice he was more than half quack. One half of the people believed in his superior medical attainments, and the other half believed him more conceited than learned, more confided in by people of an insufficiency of discernment, than worthy of confidence. He practised according to the Brunonian theory, and of course, as he patient was low and considered to be debilitated, he must have wine, bitters, and bark. These were administered, and in twenty-four hours the skin was dry and husky, the mouth was parched and furred, and the pulse were hard and wiry. In a week all the bad symptoms were so much aggravated, that it was deemed improper, even by Dr. R.’s admirers, to continue his course any longer. At my suggestion, Dr. W., the physician before referred to, was sent for. He had attained such eminence as a physician, that even Dr. R. had to quail under him. Rather than do this in the present instance, he declined coming any more. Dr. W. agreed with Dr. Armstrong in regard to depleting remedies, and of course thought it best to bleed. Generally his practice in regard to this was very judicious; but in the present case, on account of its having been resorted to at so late a period, I have always been fearful it did harm. This, as the inflammatory symptoms when he first saw him were very high, he placed much dependence upon, and resorted to very extensively. He deemed it judicious, however, to keep up the opium course, and from this, though he did not recover, his sufferings were so alleviated, that he would never say that he experienced any pain. For the greatest part of the time *while he was sick*, if he moved carefully he was free from pain. Not only was he free from bodily suffering, but from mental likewise. He enjoyed himself, according to appearances, as well as though he had been in perfect health. On asking him how he did, he always said he was better, and would, in a good natured and pleasant way, say something to make you laugh. After the first few days, he never expressed any uneasiness of mind but once, and that was occasioned by the following circumstance. He was a candidate for office, and it being election day, thinking he might experience some solicitude about it, in allusion to it, I told him I supposed he would

be as likely to obtain the election as though he was well. "I am sorry," said he, "you mentioned this. I have not felt so bad before since I was sick." He had now got to be pretty weak, and as I saw him afterwards shed tears and exhibit other symptoms of nervous excitement, I considered the sensorium somewhat affected. He died in four days afterwards, but never apparently suffered much either from bodily or mental pain, except in the instance alluded to. The advantages of opium can be perceived, even in these cases. In the first, I think it was so requisite as a medicine, that without it the patient never would have recovered. In the last, though it effected not a cure, it rendered the bed of death easy. Had it not been for the unphilosophical and unjustifiable practice of Dr. R., there cannot be much doubt that he would have got well.

It was mentioned in my other communication that one thing more would be mentioned in favor of this practice. Dr. W., of a neighboring town, had practised, successfully, as he said, bathing in ice water for the rheumatism. I asked him in what way such a remedy could be successful. "By producing such a torpor of the vessels that were inflamed, that they could not recover themselves sufficiently to resume the inflammatory, or increased action. Bathing for a short time only, will not effect a cure. The inflammation would be rather increased than relieved. By continuing it for a sufficient time, the heat and redness are first driven away, and afterwards the swelling and pain, and in one instance out of twenty they would scarcely be likely to recur." Though I considered this practice dangerous, I thought that opium, in connection with other remedies, might be used to such an extent, and be so long continued, as to operate in this way, and in most cases effect a cure without running the risk of doing harm. SAMUEL FISH.

Boston, August 4, 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 23, 1837.

DISEASES OF NEW ORLEANS.

FROM Dr. E. H. Barton's interesting address on *acclimation*, which has already been alluded to in the Journal, we take the following remarks on the diseases of New Orleans.

"Fortunately, our climate is subject to no great variety of diseases that are indigenous, when compared with other portions of our country, a large proportion of our complaints having other sources, many of the afflicted coming here for the benefit of climate. And if our acclimation is sometimes severe, it is the only ordeal we have to pass through—no such immunity is enjoyed in the northern portions of the United States—no period of acclimation can protect the pulmonary organs of

the natives or emigrants from a scourge that yearly takes off, in some of their healthiest cities, 1 in every 4.52 of their deaths.

"It is impossible to obtain correct data in order to give precise details upon the subject of our own diseases. The nearest approach to it is derived from the imperfect records of the Charity Hospital, which furnishes about one in 3.86 of our annual mortality. In comparing the detail derived from that source, it will result that pulmonary consumption, which carries off in the northern cities 1 in every 5 or 6 of their deaths, is here fatal to about 1 in 50, few of which doubtless originated here. Pulmonary diseases in general, which in the northern cities carry off near 1 in every 4 of their deaths, is here fatal to about one in 30, of which about one third were acclimated, furnishing, in fact, a ratio of pulmonary diseases to the entire mortality of that house, probably unprecedented in any country, and in private practice it is probably less.

"Of the class *fevers*, the great mass of our mortality consists—these records show the proportion of 1 in every 2.92 of the entire mortality of the house, and the estimates are taken from years of the greatest mortality that ever occurred in this country. But it must not be forgotten that a large proportion of this consists of the unacclimated—the exposed and besotted, of which New Orleans has a larger ratio, probably, than any city in the Union. From a statement from the books, it appears that there were actually of unacclimated individuals nearly four fifths of the whole. The mortality of the acclimated population in the house from fevers, to the entire mortality, is 1 in 29.02, and of the unacclimated there appears a proportion of 1 in 6, and the cost of acclimation through fever, so far as these returns furnish an estimate, is annually about 131—and if the relative proportion in this house to the entire city mortality be correct in this respect (in fact much the largest portion die in the Charity Hospital), the annual mortality in the city through acclimation may be estimated at about 507; and be it recollected, however, that the estimate embraces one of the epidemic years (1832).

"The mortality in early life in Philadelphia, is about one half the entire mortality, and so unfriendly is the climate to early life, that one half of these die within the year. We have no data of our own with which to compare it. I feel very confident, however, that it does not exceed one fourth of these proportions. It is almost useless to stop to lament these deficiencies. For want of them we know not the mean duration of life—the chances of living—when we are traduced by all the world for the precariousness of existence here, when but a little trouble would give the exact truth; nor the cost of acclimation, circumstances indispensable to insurance. Indeed, no record could be more valuable and interesting to the country. Oblivious darkness as to the past shrouds and must ever shroud it—no laborious research, no searching scrutinies can throw much light upon it. We are all so absorbed in the future, that little thought is given to the past. This, to be sure, is not true wisdom; we are leaving out the most important data with regard to our progressive condition, and blunder on in ignorance and uncertainty. Were such data present to *prove* that the health of the place is actually and materially ameliorating, of which there cannot be a doubt, but there is wanting the *official* proof to convey to and produce conviction on others, millions might be added to the value of our property, and the city would become duly appreciated.

"The period of removal to any climate is when the temperature of the country you move from is, in the revolution of its seasons, the nearest to

that you are moving to. And the reason is obvious, because the calorific process will have been most on a par with both, will have equalized itself with the temperatures actually existing, and there will be, consequently, the least shock to the system. If you are moving to the north, you should seize the period when our mild winter is closing its march, and a few weeks of travelling would hardly leave you conscious of any change. On the contrary, if it is your intention to remove south, from the northern and middle States, the temperature of their late autumnal seasons is much the same as that of our winters; hence that is the safest period for removal south, as the system will have already measurably accommodated itself to the condition existing here, and the reduction incidental to a calorific process at its maximum, would be but partially required.

"The inquiry so often made—how long a period is required for the acclimating process, and what assurance have we that it is past?—is not so easily answered, to a mathematical certainty, but sufficiently so for all practical purposes. There are various compound considerations to influence it—the temperament of the individual—his habits and modes of life—the more or less northern his place of departure, &c. Following the directions and governed by the principles here laid down—three years, at the farthest, may be considered a fair period for this much valued immunity. But it may be acquired in less—a severe or protracted attack of febrile disease may reduce the tone of the system to that condition to which a long residence in a warm climate subjects us all.

"It has been most erroneously supposed that this probationary period must be accompanied with fever to procure the rewarded acclimation, and many are most reckless of their health, regardless of all prudential considerations, presuming there is no other road of safety but through this much dreaded one. It is often a fatal error, for it is most obvious that *however* that condition of constitution is acquired by which this much dreaded result is obtained—the end is the same, immunity, influenced very much by his conformity or departure in his habits and modes of life, from those principles already laid down. There is no secret or system about it, nor is there any specific inoculation necessary. It is most true, that much the largest portion pass through this ordeal, and the reason is as obvious as the prevalence—there is departure from those hygienic rules and restrictions, that so wonderfully, yet rationally adapt the yielding system of man to the requirements of a different order of things, and he pays the penalty accordingly."

The average winter temperature of New Orleans, during the years 1833, '34, '35, and '36, as shown by Dr. Barton's meteorological tables—the height of the thermometer being taken at sunrise, mid day, sunset, and ten at night—was 53.17. The spring average, 66.06; summer average, 79.76; fall average, 68.73. Average for the year, 66.93.

Plague.—When this dreadful scourge was introduced into Malta, the last time, from the Sultan's dominions, the crew of the vessel which carried it was in excellent health, and the cargo in good condition. The Board of health, however, ordered the ship into quarantine for observation. A botcher of old shoes, in sailing round the anchored vessel in a small boat, discovered a piece of neat's leather round the cable, placed there to keep the edge of the hawser hole from chafing the threads,

which his avarice, one evening, prompted him to steal. By handling the leather, the cobbler became the first victim. Soon after he was taken, the plague spread with alarming rapidity, and for nine entire months raged with unabated fury, till there was nothing left on which it could feed; and the pestilence, the most horrible in the annals of the Knights of Malta, then subsided. All this while, not a person suffered who arrived in the unfortunate ship. It was the decided opinion of all persons conversant with the character of the plague, that if the leather had not been touched until after a few days' exposure to the air in the quarantine roadstead, the something which propagated the scourge would have been dissipated, and no damage resulted from discharging the cargo in the usual time. A fact of this kind is the government's apology, in Sicily, for the long quarantine imposed upon vessels coming from countries in which the plague is developed.

Dublin Medical Journal.—The editor of that excellent publication has learned, with considerable surprise, that all the numbers due at this office for the last nine or ten months, were carefully packed away at Messrs. Longman, Rees & Co.'s, at London, who, with the almost innumerable ramifications of their extensive business, could not find a conveyance to Boston! The letter of June 11th, apprising us of this stupid mode of doing business, has just been received. Our Dublin friends will much oblige us by forwarding through some channel a little more certain than the London house referred to. If gentlemen of other countries with whom we have an exchange intercourse, would take a little trouble to inquire whether an American vessel is in port at the time their packages are made up, we should sometimes anticipate the foreign bookseller's quarterly budget, by one or two months, a point of considerable importance to an editor. We regret to say, also, that not a single copy of the *India Medical Journal* has been received here for the last six months.

Professorship of Chemistry.—Within a few days it has been rumored that Dr. Page, of Salem, has had the offer of a chair in the University of a neighboring State. His services would be an acquisition to any college. To untiring ardor in scientific pursuits, he adds a tact which but few have, for imparting his knowledge to others. His style of lecturing is particularly happy, and always appropriate. We should not have presumed to have spoken so freely and decidedly of his qualifications for public teaching, had we not often listened with unfeigned pleasure to his discourses.

Prize Questions.—Dr. Holmes has again won two of the Boylston prize medals. It is almost useless to contend with him in an enterprise of this kind. We are anxious to read the dissertations, and have been waiting in full expectation of hearing something further from the manuscripts; but as yet the printer seems not to have had them.

Enlargement of the Thymus Gland.—Dr. Roberts, of New York, relates a fatal case of this disease, in his practice, similar to the one recorded in a late No. of this Journal. The gland weighed, after removal, one ounce and four grains. Its greatest length and breadth were three inches, and the thickest part fully half an inch. The case is detailed in the *Philadelphia Journal*.

Singular Case of Aneurism.—An extraordinary case of aneurism has been referred to in the papers of the day, which is represented to have occurred at New Haven, Ct. The particulars, as far as we can judge, would be interesting to the profession, and we were in hopes of receiving them, ere this, in a form which would warrant their publication in the Journal.

Sickness among Emigrants.—Smallpox, ship fever (analogous to jail fever), together with scarlet fever and erysipelas, reign triumphant in almost every vessel which arrives with emigrants on the American shores.

Pulmonary Consumption.—E. C. Cooper, M.D., of New York, gives notice in the newspapers that he has been very successful in the treatment of chronic bronchitis and the incipient stages of consumption.

"The treatment is the administration of sulphate of copper in nauseating doses, combined with gum ammoniac, given so as to nauseate but not ordinarily to produce full vomiting; the usual dose for this purpose is about half a grain and five grains of the respective ingredients, in a tea-spoonful of water, to be taken, at first twice, and in the convalescent stages once a day.

"In cases of chronic bronchitis a gargle of the sulphate of copper alone is superadded. In this latter form of consumption, this treatment almost invariably suspends the hectic symptoms in a few days, and the disease rapidly advances to its final cure.

"In cases of the more proper forms of consumption, the treatment must be intermitted frequently and again returned to, and whenever soreness of the chest, or other symptoms of inflammatory action exist, the treatment should be suspended; as it is in the chronic state alone that the remedy is indicated or useful."

Whole number of deaths in Boston, for the week ending Aug. 19, 58. Males, 30—Females, 28.

Consumption, 1—cholera infantum, 10—disease of the heart, 1—scrofula, 1—feebleness at birth, 1—dysentery, 3—dropsy, 1—lung fever, 1—hysteria, 1—disease of the brain, 1—delirium tremens, 1—diarrhea, 1—cancer, 2—inflammation of the bowels, 2—apoplexy, 1—chronic diarrhoea, 1—bronchitis, 1—inflammatory fever, 1—hydrocephalus, 1—teething, 1—dropsy in the head, 1—typhus fever, 1—enteritis, 1—canker in the bowels, 1—hooping cough, 1—croup, 1—sudden, 1—scarlatina, 1.

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.	Fees.
Anatomy, and the Operations of Surgery, by JOHN C. WARREN, M.D.	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, July 5, 1837. tNov. 1. WALTER CHANNING,
Dean of the Faculty of Medicine.

COLLEGE OF PHYSICIANS AND SURGEONS of the Western District—Fairfield, Herkimer county, N. Y.—The Annual Course of Lectures will commence on the first Tuesday in October, and continue sixteen weeks. The lectures will be delivered as follows.

On Chemistry and Pharmacy, by	JAMES HADLEY, M.D.
On Anatomy and Physiology, by	JAMES McNAUGHTON, M.D.
On Materia Medica and Medical Jurisprudence, by	T. ROMEYN BECK, M.D.
On the Practice of Physic and the Diseases of Women and Children, by	JOHN DELAMATER, M.D.
On Surgery and Obstetrics, by	REUBEN D. MUSSEY, M.D.

The advanced age and increasing infirmities of Professor Willoughby, President of the College, will hardly allow him to lecture during the ensuing term, and the course formerly given by him will therefore be given by Professor Mussey.

Price of tickets for the whole course, \$56. The professors are provided with ample collections to illustrate their lectures, and every facility is afforded for the practical acquisition of the profession.

The board is as low, if not lower, than in any other village in the State. Additional information, if needed, may be obtained by applying to any of the professors. JAMES HADLEY, Register.

Aug. 16—4t

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.	GEORGE C. SHATTUCK, M.D.	GEORGE HAYWARD, M.D.
RUFUS WYMAN, M.D.	JACOB BIGELOW, M.D.	ENOCH HALE, M.D.
JOHN RANDALL, M.D.	WALTER CHANNING, M.D.	JOHN WARE, M.D.

At the annual meeting of the Committee on Wednesday, August 2, 1837, a premium of fifty dollars, or a gold medal of that value, was awarded to OLIVER WENDELL HOLMES, M.D. of Boston, for a dissertation on the question, "What is the nature of Neuralgia, and what is the best mode of treating it?" A similar premium, of the same value, was at the same time awarded to Dr. Holmes for a dissertation on the question, "To what extent, and in what places, has intermittent fever been indigenous in New England?"

The following Prize Questions for the year 1838 are before the public, viz.:

1st. "What are the anatomical characters of Typhous Fever, and what is the best mode of treating this disease?"

2d. "What are the causes, seat, and proper treatment of Erysipelatous Inflammation? (*Erythema Erysipelatosum* of Good.)"

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1838.

The following questions are now offered for the year 1839, viz.:

1st. "The pathology and treatment of Rheumatism."

2d. "What is Scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1839.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1836, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 3, 1837.

A9—4t

ENOCH HALE, Secretary.

Publishers of newspapers and medical journals throughout the United States, are respectfully requested to give the above an insertion.

BERKSHIRE MEDICAL INSTITUTION.

The Annual Course of Lectures for 1837, will commence the last Thursday in August and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by	- - - - -	H. H. CHILDS, M.D.
Pathological Anatomy, by	- - - - -	E. BARTLETT, M.D.
Materia Medica and Pharmacy, by	- - - - -	DAVID PALMER, M.D.
Botany, Chemistry and Natural Philosophy, by	- - - - -	C. DEWEY, M.D.
Surgery and Physiology, by	- - - - -	W. PARKER, M.D.
General and Special Anatomy, by	- - - - -	R. WATTS, JR., M.D.
Legal Medicine, by	- - - - -	HON. HENRY HUBBARD.

Fee for the Tickets of all the Professors, \$50. Those who have attended two full courses at an incorporated medical school, \$10. Graduation, \$16. Board not exceeding \$2 per week.

By an act of the Legislature of Massachusetts, passed April, 1837, the Berkshire Medical Institution is constituted an *Independent Medical College*, with authority to confer degrees, and the graduates are entitled to all the privileges and immunities which pertain to the medical graduates of Harvard University.

By a vote of the Massachusetts Medical Society, passed the 31st of May last, the graduates of the Berkshire Medical Institution, are ex officio entitled to admission as Fellows of said Society.

C. DEWEY,

Dean of the Faculty.

July 19—6t

The Medical Journal office is removed to the old stand, 184 Washington Street, corner of Franklin Street.—The Title-page and Index of Vol. XVI. will be sent to subscribers with the next No.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVII.]

WEDNESDAY, AUGUST 30, 1837.

[NO. 4.

SEWALL'S PHRENOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

THIS work is composed of two lectures, originally delivered to the students of the Columbian College, District of Columbia.

The first lecture discusses the origin and progress of the science of phrenology. It dates the tendency towards the doctrines even as far back as the time of Aristotle, but awards to Drs. Gall and Spurzheim the meed of having reduced it to a science, and in its present perfect state of having presented it to their disciples. The general principles of the doctrines, and the claims of the advocates, are very briefly, and, we believe, clearly explained.

Although the object of the writer is not to inculcate these doctrines, still we believe, that, with the aid of the first plate contained in the work, there are few introductions to the science which give so clear and distinct an idea of them. Indeed, if a portion of it was left out, it might be recommended as an elementary work for new beginners in this science.

The second lecture embraces an examination into the anatomical structure and arrangement of the brain and other parts concerned in phrenology, to ascertain how far the science (so called) is reconcilable with anatomy, the only proper standard by which to ascertain its truth.

The writer alludes, in the following manner, to the various ways adopted for evading the objections to the doctrines, upon whatever grounds they may be based.

“If an individual has a large head and his mental manifestations are unusually powerful, the case is brought forward as a proof of the truth of phrenology; but if the manifestations are feeble, it is said that the great size of the head is the result of disease, or the brain is not well organized, or that other circumstances have exerted an influence in diminishing its power. If a small head is connected with a powerful intellect, it only proves that the brain, though small, is well organized and acts with uncommon energy. If an individual has a particular propensity strongly marked in his character, and there is no corresponding development of the brain, it is said that the organ has not been thrown out by indulging its desires; but if there is a large development of an organ, and no corresponding propensity, then it is contended that the germ of the propensity is there, but that it has been repressed by

education or other circumstances, or it is found that some counteracting organ, is fully developed which neutralizes the first."

In the structure and organization of the brain, it is affirmed that there is nothing which will go to the support of the doctrine; but, on the contrary, much that will militate against it.

The convolutions, as none correspond to or represent any particular organ; the entire absence of any mark of distinction, upon dissection, between the different organs, either in the cortical or fibrous portion; the arrangement of the lateral ventricles, the corpus callosum, the fornix and other parts, direct the phrenologist to something more hypothetical than dissection for support. For the general reader the work is accompanied with two or three lithographic plates, illustrating the anatomy of the parts of the brain above alluded to.

In examining into the relation existing between the powers of the mind and the volume of the brain, it is pretty clearly shown that the advantage is not always on the part of him who possesses the largest head, either absolutely or relatively as to the size of his body. Some animals actually possess a larger amount of brain than man, while in others the relative portion of the brain with that of the body is also greater; hence the doctrine of man's superiority over animals, arising from his excess of brain, cannot be supported. In the supposition that there does exist a relation between the powers of mind and the size of the brain, there are many obstacles in the way of the use of the instruments invented for determining its size. To render them available, it is necessary to suppose that the parts exterior to, or covering the brain, are of uniform thickness. So far from this being the case, it is well known that even the same individual, in different ages, presents a marked difference, while persons of the same age, sex and condition present a great diversity in the thickness of the integuments and skull, of which we cannot judge during life. The plates, with the text, afford a very satisfactory illustration of this part of the subject. The difference of brain contained in two skulls of the same external dimensions, as ascertained by actual experiment, is greater than would be supposed even by those conversant with anatomy.

For practical purposes of determining the character of the intellect, the external prominences and depressions of the head are of the first importance to the phrenologist. If these means fail of enabling him to determine the degree of development of the different portions of the brain, and hence to ascertain the mental character, however correct may be the judgment, it is formed by other aid than that of craniology.

The first great obstacles that are presented in the way of ascertaining the development of some portions of the brain, are the frontal sinuses and the spaces that often occur between the two plates of the skull in different portions of the head. The protuberances which would lead the phrenologist to pronounce a man, while living, extraordinary for his development of certain portions of his brain, might be found, as in the individuals represented by the plates, more than commonly deficient in these very portions, consequent to the receding of the internal plate of the skull. The temporal muscle, as it varies in size in different

individuals, and frequently undergoes alterations in the same person, places also a number of organs beyond the reach of accurate observation.

The author contends, that for aught we know the brain is a unit, and the whole organ is concerned in each and every operation of the mind, and that persons are not to be considered powerful in intellect by the volume of the brain, but by its organization and activity. Persons have been known to lose considerable portions of the brain, even to the improvement of their minds. And during certain states of disease, men of ordinary intellect will sometimes present extraordinary manifestations; yet in these cases there is no augmentation in the size of the head, there is no addition of any new organ.

If the brain was composed of the different organs, as mapped out by phrenologists, the annals of surgery would afford, it is supposed, some well-authenticated cases, in the various mutilations of the brain, where the function of some one organ has been suspended, and the faculty destroyed corresponding to the organ which received the injury, while the others have remained unimpaired. W.

ABSCESS OF THE LIVER—OPERATION—RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

MR. H., aged 60, of intemperate habits, had been laboring under chronic hepatitis some years, attended with occasional attacks of dropsy. He was again attacked with the latter disease near the middle of February, 1836. The dropsical effusion seemed greatest in the abdominal cavity, which was enormously distended. Calomel purgatives were prescribed, followed by the infusion of digitalis in large doses. The latter remedy operated efficiently as a diuretic, and the abdominal swelling rapidly diminished. After the general intumescence had subsided, the right hypochondrium appeared unusually full and tender; tongue coated; obstinate constipation; slight rigors. Ordered a blister to be applied to the side, and calomel in alterative doses.

Notwithstanding these, with other remedies, were used, the disease steadily progressed—the swelling became more circumscribed, pointed and painful, attended with an obscure feeling of fluctuation. An incision was now made through the integuments into the cavity of the abscess. Nearly a gallon of sero-purulent fluid was discharged; that last discharged having all the sensible properties of bile. A severe rigor followed the operation, but soon passed off. The swelling immediately subsided. A broad band was carried around the body previous to the operation; this was gradually tightened, as the swelling diminished. The discharge, from the opening, continued a few days, and then ceased. Considerable constitutional irritation existed during the first week after the operation; this yielded to wine and quinine in moderately large doses. The patient, on his recovery, wholly abandoned the use of stimulants, and is now, Aug. 16th, in better health than he has been before for many years.

Taking into consideration the shock the system sustained by the

evacuation of so large a quantity of matter, I consider the exhibition of the wine and quinine during the period of constitutional derangement that followed, to have been a "sine qua non" to the recovery of the patient. The wine was given freely during the stage of depression, and had a decidedly beneficial effect. As this passed off, the amount given was gradually diminished, and it was wholly discontinued upon the closure of the external opening. The body band had also some influence on the favorable termination of the case, by compressing the parietes of the abscess, thus diminishing its capacity.

Hopkinton, N. H., Aug. 17th, 1837.

CHARLES A. SAVERY, M.D.

EMBRYOTIC INFLUENCES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—With my annual subscription for the Journal, I send you a few remarks on "embryotic influences"—a subject that has found its way into your paper from the pen of Dr. Fish, followed by a criticism from Dr. Goulding. It is a subject of no great practical utility, but as a matter of curiosity is not void of interest; and perhaps its discussion may elicit, from some abler pen than mine, contributions of real importance to physiological science.

I have been much pleased with the communications from the combatants already in the field, on this subject, but should have been more so, had they manifested a temper and spirit more becoming sincere inquirers after truth. Irony and ridicule are powerful weapons with which to oppose an adversary, but very seldom elicit truth or promote the cause of science. Dr. G. offers one argument, and one only, against any baneful maternal influence upon the fœtus "in utero," viz. that no nervous connection exists between them, and consequently all the notions in our world in relation to this subject are better adapted to the dark ages, being founded in superstition and error. This mode of reasoning would better have answered the purpose of the writer, were he able to account for every phenomenon of nature on philosophical principles. But while common candor must compel him to admit that very many facts exist, without being thus explainable, it seems rather ungenerous to tax Dr. Fish so heavily on the score of his credulity. Nature, in all her operations, is guided by systematic and uniform laws, but still the connection between cause and effect is not always perceptible; or if the human mind is capable of comprehending and explaining this connection, it may not as yet be understood. Science is progressive, and many points are yet in darkness which we hope are destined to be illuminated by a meridian sun. And, further, there are "*lusus naturæ*," or events out of the ordinary course of nature, which are nevertheless dependent upon causes, though obscure and unintelligible.

The deleterious effect of this doctrine upon the *maternal* class of society, appears to me exaggerated by Dr. G., and made to assume a

greater air of importance than is in reality attached to it. This pretended effect is probably more than counterbalanced by the increase of kindness and unwonted tenderness on the part of the husband, which such a doctrine is calculated to produce.

A few cases have occurred within the limited sphere of my observation, which, I confess, have converted me from my former infidelity on this subject, and made me a believer in embryotic influences. My medical students, while engaged in the study of comparative anatomy, were in the practice of dissecting the eyes of the calf. One of the gentlemen alluded to carried an eye to his boarding house, and familiarly lectured to the family on its structure, physiology, diseases to which it is subject, &c. Among the admirers of its organization, was his sister, a married lady, then "enceinte" with her 2d child. The part of the eye which most excited her admiration, was the lens, which she took upon the point of a needle and examined with intense interest. No more was thought of the subject till after her confinement, when it was discovered that her infant had a cataract of both eyes.

CASE II.—Mrs. W., a lady of delicate structure and nervous temperament, while in a state of utero-gestation, attended upon a sick brother, and was present during his dying struggles, which were unusually severe and protracted. Her sympathies were excited excessively, and she evidently endured great mental agony and distress. In due time she was delivered of a full-grown child, which lived for several months, but appeared mentally imbecile, and had all the contortions of countenance and limbs which characterized his dying uncle in the hours of dissolution.

CASE III.—Mrs. H., in the early months of gestation, was frightened by a rattlesnake. At the usual period she was delivered of a son with a black zig-zag mark upon his back—the exact portrait of a snake, with all its characteristic features, with the exception of *animal life*.

CASE IV.—A full-grown fœtus was exhibited to the Medical Society in this county as a specimen of *lusus naturæ*, by an individual, however, who knew little or nothing of its uterine history. The body and limbs were plump and perfect, and the only deformity appeared in the head and upper portions of the face, which was a perfect resemblance of a cat with a fractured skull and contused neck, which had suffered martyrdom for no other crime than being *supernumerary*. Now whether the mother had, or had not, been an eye-witness to such a brutal sacrifice, to me is unknown, but I confess I am unable to assign a more plausible cause. And that there was any real connection between the causes supposed and their results in the three former cases, admits, to be sure, of no positive proof; but if they do not stand in the relation of cause and effect, they were certainly extraordinary coincidences. And because we are unable to explain the *modus operandi*, are we to discredit maternal influence, and ascribe all to chance and accident?

When Dr. Goulding produces a more rational theory, I shall be pleased to adopt it. The gentleman may find some difficulty in explaining the process of impregnation! How is the heart of the embryo formed? On what principle does it act before the formation of the

nervous system? From whence does it derive its first blood? And from what source is the meconium furnished? These, with a thousand other phenomena of animal life, are known to exist, yet are difficult to explain in the present state of anatomical science.

Townshend, Vt., Aug. 17, 1837.

W. R. RANNEY, M.D.

MEDICAL BOTANY.

[Communicated for the Boston Medical and Surgical Journal.]

NO. VIII.—APOCYNUM. AMERICAN IPECAC.

SEX SYST. Class pentandria; order digynia. *Generic Characteristics.* *Calyx* very small, five-cleft, persistent. *Cor.* campanulate, with five short, revolute lobes. *Anth.* saggitate, connivent, cohering to the stigma by the middle. *Glands* five, acute, dentiform, alternating with the stamens.

There are four species of the apocynum found abundant in the New England States.

Specif. Descrip.—*Apocynum cannabinum.* Stem herbaceous, erect, branching, brownish, two or three feet high; leaves lanceolate, acute at each end, smooth; cymes paniculate, many flowered; corolla small, greenish, with an erect border and a tube not longer than the calyx.

It is found along fences and the borders of woods throughout the country. The root is the part used. It is perennial, creeping and brownish. It is a very valuable emetic and hydragogue cathartic, and, under certain circumstances, diuretic, diaphoretic, expectorant, emmenagogue and tonic. It is said by some to be an exceedingly valuable remedy in dropsy and in amenorrhœa. Several distinguished practitioners have given their testimony in its favor as a remedy for ascites and other forms of dropsy.—*Vid. U. S. Disp.*

Dr. Wood says, "It produces nausea, diminishes the frequency of the pulse, and appears to induce drowsiness, independently of the exhaustion consequent upon vomiting." I am led to believe it would be a useful agent, given in emetic doses, in many cases of hysteria attended with ascites. It probably possesses a small proportion of a narcotic principle. According to Dr. Knapp, who has analyzed it, it contains a bitter principle, extractive, tannin, gallic acid, resin, wax, caoutchouc, fecula, lignin, and an active emetic principle which he designates by the name of *apocynin*. The root, as well as the stem and leaves, contains a milky juice which readily concretes into a tenacious elastic substance, resembling caoutchouc. Dose for an emetico-cathartic, from fifteen to thirty grains of the powdered root. The decoction may be taken in two or three ounce doses, three times a day, as a diaphoretic and diuretic. Some practitioners make use of the species *androsæmifolium*, but it is said to be less active than the *cannabinum*. The different species are known to country people by the names of *ipecac*, *bitter-root*, *dog's-bane*, *Indian-hemp*, &c. &c. Some of them have been used by the Indians in the treatment of *lues*

vencrea, but with what success I am unable to say. There can be no doubt, however, that the apocynum is an article of great value as a remedy in many cases of disease, and which ought to be brought into general use. One species of it may be found at Kidder's, in Court street, Boston.

It is a fact worthy of consideration, that many inert or almost worthless substances are imported into this country, and kept at all the apothecary shops, while some of the most valuable indigenous plants of our own country can hardly be obtained, except in their native field or woods. S. A. T.

NOTE.—Since writing “Medical Botany, No. 6,” I have been informed by a physician from the country, that the *chelone glabra* is a very useful remedy in the treatment of dysenteria. May not this quality depend on its astringent properties?

FINAL REPORT ON THE RADICAL CURE OF HERNIA,

BY THE COMMITTEE OF THE PHILADELPHIA MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

So great an interest has been manifested by our profession of late on the important subject of a radical cure of hernia, that I consider it due to the medical community that you lend your pages to give a wide circulation to the results to which the learned committee, above alluded to, have arrived, in the presentation of their final report. The report was read by Dr. R. Coates, who has devoted his active mind to the investigation of this subject, for a period hardly less than three years, and whose opinions may be considered as justly entitled to high regard. The report, entire, is in the August No. of the American Journal of the Medical Sciences. It gives a decided preference to the instruments of Dr. Chase. The committee report—

That since the date of their preliminary report (read Dec. 5th and 12th, 1835), they have devoted much time and thought to the important investigation submitted to their charge; but the numerous mooted questions originally involved with it, have been gradually narrowed down in number and compass, in three different ways; firstly, by the decision of several physiological points; secondly, by the results of the analysis of the mechanical construction of instruments; and thirdly, by the introduction of improvements in the formation of trusses, calculated to remove the objections waged against some portion of the apparatus represented as imperfect in the preliminary report.

In the eighth section of the preliminary report (Op. cit. p. 324) the committee ventured upon a physiological disquisition on the *modus operandi* of trusses, in producing the *apparently radical cure of hernia*; and their conclusion on this subject was presented in the following sentence.

“These positions will explain the motive of the committee in taking

the ground that the most perfectly retentive apparatus is that which offers the strongest probability of radical cure, and that any considerable irritation produced in the parts by the pressure of a block, may be considered, in the present state of the investigation, of secondary importance."—p. 326.

In the letter of the chairman to Dr. Heber Chase, the question of the *modus operandi* has been argued at greater length than would have been proper in a report designed to present a rigid detail of facts and established deductions; but the tenor of that letter, written after much more extended observation than had been offered when the report was read, adds collateral support to the present opinions of the committee, founded upon the whole of the evidence before them; namely, that the *radical cure of hernia*, by trusses, depends almost exclusively, if not entirely, upon the accuracy and permanency of the retention effected by the instrument. That considerable or long-continued irritation in the parts, so far from being an advantage, in reality opposes the successful treatment; that there are no facts in their possession which tend to prove indisputably that even slight irritations of the superficial tissues are transmitted to the tendons of the abdominal muscles in such a manner as to accelerate the cure; and that radical cures are sometimes effected without any other irritations than such as are altogether fugitive in character.

It will be remembered by the Society that the committee, in the preliminary report, expressed the decided opinion that "retentive power of solid blocks exceeds, *cæteris paribus*, by considerable difference, that of pads composed of softer materials."

The whole current of the evidence since presented to them most fully substantiates the correctness of this position, as the number of cases has been large in which the various instruments with soft pads have failed in effecting accurate and permanent retention, and in which the more perfect apparatus with blocks of proper form have been substituted with complete success.

The trusses with solid blocks, now in use or recommended by inventors, may be divided into two classes. 1st. Those which are constructed for the express purpose of producing irritation, in order to effect a condensation of the skin, cellular tissue, and the fascia superficialis or the abdominal tendons about the hernial orifice, into one common mass by adhesion. 2d. Those which are designed to secure the constant, perfect and safe retention of the bowel, without the attempt to create intentional irritation in the parts pressed by the instrument.

The remarks of the committee on the first of these classes, naturally arrange themselves under two heads. 1st. Comments upon the supposed establishment of adhesive inflammation; and 2d. An estimate of the retentive power of the apparatus.

First, then, on the establishment of adhesive inflammation by trusses of the first class. Your Committee have watched, with great caution and most minutely, the changes produced by the pressure of the truss-blocks in a number of cases; and the result of their observation may be

summed up as follows. The application of the instrument soon produces an erythematous blush of the integuments, which, when the pressure is severe, often continues for weeks or months; but, when mild from the first, or rendered so at a later period by the substitution of an instrument with a weaker spring, the redness of the skin changes its character, and appears, on the removal of the instrument, like that simple result of capillary distention which is witnessed immediately on the removal of a tight bandage, wherever it may have been applied; a distention obviously produced by diminished action of the arcuated fibres and coats of the vessels, the tonic contraction of which has been rendered unnecessary for a time by the substitution of a mechanical support, the capillaries being thus incapacitated for resisting completely the vis a tergo of the arterial circulation and the hydrodynamic pressure of the venous column. This cause being more permanent during the use of the truss than during that of almost any ordinary bandage, the consequences are also more durable; and this second kind of redness, or purpleness, is sometimes observable for many days after the removal of the instrument.

The first of these forms of redness is the obvious effect of the superficial irritation produced by the pressure of the block, and may be called, with some propriety, the primary redness; the second is seen even after the parts have become accustomed to the presence of the instrument, and we shall take the liberty of calling it the secondary redness.

The form of hyperemia observed in the primary redness is known to be favorable to adhesion, if the irritation be not sufficiently intense to produce decided inflammation; and even when inflammation does supervene, if the constitution of the patient be good, the inflamed part will be surrounded by cellular adhesions, or depositions usually so called, designed to limit its progress, according to a well-known physiological law.

The primary redness, during the use of the trusses of the first class, is often carried to such an excess as to produce decided inflammation, and sometimes even excoriation of the skin. (Case X.) It becomes, then, a question of considerable importance to decide whether the irritation of the block, or that produced by the inflammation which it sometimes causes, ever be transmitted to deeper seated parts so as to bring about adhesion between the cutis vera, the subcutaneous cellular tissue, and the fascia superficialis. The conclusion on this point will be stated presently.

The form of hyperemia as seen in the secondary redness, marks a condition of the vessels, which, instead of promoting adhesion, is well known to retard the formation of false membranes, while it promotes absorption to such a degree as frequently to determine the solution of such as are already formed, together with the interstitial deposits of tissues and sometimes even the tissues themselves.

If, then, these adhesions and condensations do occur, which are represented by the hypothesis as the cause of cure by these trusses, the evidence of their existence should be found during the continuance of

the primary redness, and cannot be supposed to *commence* at a later period, when the parts have become familiarized to the pressure of the instrument.

Immediately after the application of a truss of the first class, the subcutaneous fat beneath the block begins to disappear by absorption, especially at the part corresponding with the shoulder or most prominent part of the block. After the disappearance of the adeps, the block still continues to sink deeper and deeper, until, in fleshy persons, it appears to be almost embedded; and, on removing the instrument, the integuments present a mould of the block, nearly or quite complete. This condition is observed before the subsidence of the primary redness in some cases (Case XII.), and in others the parts may possibly become accustomed to the pressure before the depression of the integuments is so strongly marked; but in fact it has been observed in practice that active irritation of the skin is generally reproduced from time to time, being complicated with the secondary debility of the vessels already described; or, in other words, *the skin rarely becomes perfectly accustomed to the pressure of blocks of this class.*

The tenor of the specifications of the patents of Dr. Hood and Mr. Stagner (the only authorities on the subject known to the committee), induces us to believe that the authors of the hypothesis did not intend to carry the supposed condensation of the skin, cellular tissue and fascia superficialis beyond the point at which the above detailed appearances are observed: but that measures were then designed to be taken in order to lessen or control the amount of irritation produced by the instrument, either by the substitution of a less severe block, or by placing next the skin some layers of silk or other tissue to prevent the direct action of the wood. Your committee are therefore of opinion that it would not be quite consistent with impartial justice to include the *ulterior effects of the continued pressure of the blocks* in the investigation of the truth or falsity of the hypothesis. These ulterior effects will be mentioned hereafter; but the condition of the parts about the hernial orifice, or the abdominal canal, at the spot where the block presses, at the time when it is most deeply embedded, and during or after the highest irritation, is as follows:

The cutis vera, presenting one or the other form of redness above described, is sometimes thickened a little around the edges of the block, where a general puffiness of the integuments is occasionally observed. In some instances this thickening of the true skin is perceptible for a short distance beneath the more inclined, or inner and upper edge of Hood's inguinal block; but with all the instruments of this class which have been seen in use, the parts where the pressure is considerable, or, in other words, those which are nearest the hernial orifice *when the instrument is rightly applied*, are marked by no thickening of the skin; and, in some instances, that membrane is rendered obviously thinner than when in its normal condition, *even when the case has not advanced beyond the primary stage of irritation.*

The subcutaneous cellular tissue is found in every instance reduced in thickness by the obvious removal of the adeps, and by some process

producing still greater compression. The committee have seen no evidence whatever of the slightest thickening, either in the fascia superficialis, the abdominal tendons, or the edges of the external abdominal ring when that part has been acted on; and in all the cases the skin, where most closely approximated to the fascia, can be made to glide freely over it, when moved by the finger.

After the final removal of the truss, the parts thus flattened or impressed by the block, rapidly regain the general level of the abdomen. The cellular tissue receives anew its characteristic deposits, both within and beneath the cutis vera, and the adeps reappears. A few weeks are sufficient to effect this change; it is sometimes completed before the entire subsidence of the secondary redness, and it has been known to commence even under the pressure of the blocks of Dr. Chase's trusses.

Your committee feel compelled to regard these facts as conclusive against the truth of the doctrine, that the trusses or blocks of the first class produce a real condensation of, or adhesion between the skin, the subcutaneous cellular tissue, and the fascia superficialis or abdominal tendons.

If the depression were the result of a true condensation, it would be utterly impossible that the skin should retain, as it invariably does, its mobility upon the parts beneath. If adhesions actually took place, and the hypothesis which considers the cellular tissue as a membrane containing cells be true, the obliteration of those cells would render impossible the rapid reproduction of fat and the disappearance of the depression which has been described. If, on the contrary, that hypothesis be correct which represents the cellular tissue as a homogeneous mass, then the existence of adhesions between the cutis and the parts beneath could not permit the skin to rise again to its natural level until the accidental membranous connections were gradually elongated by mechanical or other forces; but the parts interested in the present case are not subject to any mechanical distending forces, in proof of which the committee will refer to the letter of the chairman already quoted; nor can it be supposed that interstitial deposition alone could occasion the necessary stretching of the adhesions within the time required; for this process is always slow and tedious, even under the action of very powerful forces, as is seen in the adhesions following inflammations of serous cavities. If any should believe it possible that the renewed interstitial deposits might elevate the skin to the natural level, the committee would merely suggest that these depositions could occur only in the intervals of the factitious membranes formed by the adhesions, and hence, that the skin thus elevated, would be inevitably rugose—a character totally inconsistent with the facts of the case. Moreover, we often witness similar depressions of the integuments among the effects of long-continued pressure by bandages and splints in surgical cases—as, for instance, over the tibia in ulcers of the inferior extremities—yet, in no case do we see the skin adherent to the parts beneath, unless in places where there has been an actual loss of substance or the establishment of the suppurative process.

Your committee, therefore, entertain decidedly the opinion that the hypothesis of condensation and adhesion is untenable.

The doctrine of adhesion and condensation being overthrown, there can remain but one mode of explaining the action of the instruments and their alleged claims as means of radical cure in hernia, viz.: Their mechanical influence in producing perfect retention of the bowel; for, whatever changes may occur in the hernial orifice while the instruments are applied, even granting that these changes ultimately render their further application unnecessary, can only be due to the exercise of the natural functions of the part affected, and have no further dependence on the instruments than such as results from their mechanical action in permanently removing the substances which were previously present from time to time in the false passages which constitute the disease.

The examination of the different instruments, and grounds of preference to that of Dr. Chase, will be given in another number.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 30, 1837.

STATE LUNATIC HOSPITAL REPORTS.*

THIS is precisely the kind of publication that has been needed: it is something in tangible form, having length, breadth and thickness enough to be visible in a book-case. We abhor the stitched-pamphlet system of reporting progress in public institutions, so common in this country. However valuable such annual papers may be to the community, at the time of their first appearance, they generally get converted into lamp-lighters at last. An air of bibliographical respectability is quite essential to the preservation of printed documents. Books, like fair, well-dressed ladies, command a degree of attention, from the mass of mankind, in proportion to the apparent value of their exterior, without reference to their intellectual qualities. There are many philosophers in rags, and many learned discourses so beggarly in appearance, that they never reach the altitude for which they were designed.

It is hardly necessary to be very definite in remarking upon the character of this series of reports, the spirit of which has already been given in our pages, as they appeared from year to year in the returns made to the Legislature. In the form now given them—a substantial, finely executed volume of two hundred pages, octavo—Dr. Woodward is enabled to converse with kindred establishments in Europe, in a more satisfactory manner than by a labored correspondence. Every line has an official accuracy about it, which imparts a peculiar interest, and enhances the

* Reports and other documents relating to the State Lunatic Hospital, at Worcester, Mass. Printed by order of the Senate. Boston: Dutton & Wentworth.

value of the whole in the estimation of those whose prayers are for the continual success of that heaven-blessed charity, which has for its object the comfort and happiness of the most wretched of the human family. The accompaniment of a correct lithographic view of the range of edifices constituting the hospital, together with a ground plan, enables the reader to understand the text, which, otherwise, would not be so clearly comprehended in speaking of different apartments.

Under the vigilant eye of Dr. Woodward, who possesses the moral qualifications for raising the hospital to great distinction, to say nothing of his well-known scientific attainments, every improvement is introduced which the experience of cotemporaries in similar establishments has discovered to be beneficial to the health and comfort of the reason-bereft inmates. It has been a happy circumstance that, from the beginning, the commissioners have been men of enlightened views, who never have hesitated to act with energy in any measure proposed by the superintendent which promised any advantages to the insane under treatment. The Legislature, too, in no instance have manifested a disposition to embarrass the operations of those who must know, from daily observation, what is most necessary. When the guardians of the treasury have been asked for assistance from the right source, they have given most cheerfully. Some of the acts of the last General Court in granting money for the purchase of land, completing the wings and erecting a chapel, are strong evidences of their confidence in the ability and integrity of those who control this admirable institution.

Before closing these remarks, we would suggest the propriety, if not expediency, of supplying every physician in the State with a copy of this volume of reports. If the measure were moved at the next session, it would probably meet with immediate encouragement.

Select Medical Library and Eclectic Journal of Medicine.—Perhaps we have been wanting in civility in not having recently called the attention of the profession to the sterling merits of Dr. Bell's Journal. There is discoverable in it an uncommon evidence of industry, and a devotion to the interests of medical science, which demand expressions of warm approbation. It is as difficult to select well, as it is to conduct any other department of editorial labor; and as Dr. Bell has evinced a good judgment in the republication of articles introduced into the Library, to say nothing of the original papers, together with items of foreign and domestic intelligence, his claim to patronage is certainly well established.

Philadelphia is not only distinguished for the excellence of its schools, but for its medical periodicals. Of the three now issued there, under the control of Dr. Hays, Dr. Dunglison and Dr. Bell, whose rank and influence are acknowledged wherever their writings have circulated, there is not one we could willingly relinquish. With these views we recommend the Select Library to all who are desirous of keeping pace with the medical science and literature of the age.

Medical Examinations.—Candidates for the degree of doctor in medicine, to be conferred this day at Harvard University, sustained a more than usually satisfactory examination. It was remarked by a gentleman

who is conversant with these trials, for such they are invariably regarded by those who pass the ordeal, that the public have an interest at stake in this finishing of medical students. When the talent and industry manifested before the board of examiners is such as to meet their warm approbation, as was the case the other day, the community cannot but be the gainers.

Somnambulism.—If some medical friend in the City of Providence will have the kindness to give us, in a condensed form, the particulars of the extraordinary cases of somnambulism now the talk and wonder of the day in that place, he will confer a peculiar favor on the profession. Admitting that one twentieth of what has been related to us by an intelligent gentleman who was in Providence the last week, is true, Dr. Poyen has been altogether eclipsed. Although we were long ago completely weary of the subject, supposing that nothing more strange and unaccountable could possibly be developed, than had already been presented by the believers in animal magnetism, the stories which are currently reported here of the astonishing exhibitions now being made in Rhode Island, demand a statement of all the facts.

Trepanning the Vertebral Column.—It is reported that Dr. Walker, of Charlestown, whose reputation as a surgeon is deservedly high, in an extraordinary dislocation of the neck, week before last, laid bare the cervical vertebræ at the point of injury, and after sawing away some of the processes, which exposed the sheath of the spinal marrow, restored the bones to their original places. The operation is said to have been a remarkable one. Will some one acquainted with all the circumstances, have the goodness to transmit the particulars?

Mammoth Tumor.—Dr. Hayward operated on a man, last week, at the General Hospital, who had a prodigiously large medullary tumor, exquisitely sensible, growing from the fascia of the recti muscles of the abdomen. Every stage of the dissection was attended with dreadful pain, even to the very last. However, notwithstanding an uncommon amount of suffering while under the knife, the patient has remained completely free from pain ever since, and is now rapidly convalescing. This, too, was a kind of case which should be given to the public.

Reinsertion of Human Teeth.—Dentists have been warned, of late, by the pernicious effects produced by the use of teeth taken from the dead, to abandon a practice now pretty extensively followed in the large cities. A dreadful and fatal case of venereal disease, in one instance, was in this way communicated to a lady, whose jaws and face presented a horrible spectacle before she found relief in death.

Plague Specific.—A man by the name of Brown, formerly of Boston, notorious for several qualities beside moral honesty, is endeavoring to find favor with the Turks—to whom he represents that he possesses a positive cure of the plague, which, next to Mahomedanism and their system of government, is the terror and curse of the land. The Sultan

must be careful, or he will be duped by a vagrant yankee, whose management of other people's money and divers acts of criminal freedom would send him to the State Prison, should he ever presume to set foot again in Massachusetts.

Visiting Cuba for Health.—Excellent preparations have been made near Matanzas for the accommodation of invalids from the United States. Formerly, the difficulty of procuring suitable lodgings prevented many from passing the winter in that beautiful island, who felt the necessity of fleeing from its boisterous approaches in New England. The place now organized with express reference to the convenience of this class of strangers, is located at San Pedro de Hudson, eighteen miles from Matanzas. Board ranges at about fourteen dollars a week. The keeping of a horse is ten dollars a month—the hire of one is thirty dollars per month. Steam boats leave Havana and Matanzas every other day—the fare being six dollars. Board, by the day, at either place, is two dollars and fifty cents. A horse costs from sixty-eight to one hundred and fifty dollars. Those who can afford the expense, should ship their own, the native breed being small and inferior. Invalids, to derive the most advantage from the mild air of Cuba, should leave here by the first of October and remain till May. Physicians, in recommending a voyage to their consumptive patients, should keep this circumstance in recollection.

Transylvania Medical School.—The chairs in this school vacated by the trustees have been refilled. Dr. Dudley has been reappointed Professor of Anatomy and Surgery, and Drs. Short and Richardson have also been reappointed to their former chairs; the former to the chair of *Materia Medica* and Botany, and the latter to that of Obstetrics and Diseases of Women and Children. Dr. J. C. Cross has been appointed to the chair of the Institutes of Medicine and Clinical Practice; Dr. J. Eberle to that of the Theory and Practice of Medicine, and Dr. T. D. Mitchell to that of Chemistry and Pharmacy. Dr. James M. Bush is adjunct Professor of Anatomy.—*Amer. Jour. of Med. Sciences.*

DIED,—At Milford, N. H., Hon. John Wallace, M.D., 56.—At Waltham, Mass. Dr. Isaac Mulliken, 85.—At Velasco, Texas, Dr. Alexander Lynch, surgeon in the Texan army, late of Petersburg, Va.—At Pittsburg, Penn., Dr. Richard R. Sayward, 28.

Whole number of deaths in Boston, for the week ending Aug. 26, 42. Males, 21—Females, 21.

Consumption, 6—palsy, 1—scarlatina, 1—cholera infantum, 3—dropsy on the brain, 1—ulcer in the stomach, 1—aneurism, 1—inflammation of the brain, 1—brain fever, 1—rupture of the uterus, 1—dysentery, 3—apoplexy, 1—inflammation of the uterus, 1—typhus fever, 1—old age, 1—sudden, 1—scarlet fever, 1—lung fever, 1—teething, 1.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

MEDICAL LECTURES IN THE CINCINNATI COLLEGE.

THE session commences the last Monday of October, and ends the last day of February.

Special and Surgical Anatomy, by - - - - - Dr. M'DOWELL.
 General and Pathological Anatomy and Physiology, by - - - - - Dr. GROSS.
 Surgery, by - - - - - Dr. PARKER.
 Obstetrics and the Diseases peculiar to Women and Children, by - - - - - Dr. RIVES.
 Chemistry and Medical Jurisprudence, by - - - - - Dr. ROGERS.
 Materia Medica and Pharmacy, by - - - - - Dr. HARRISON.
 Theory and Practice of Medicine, by - - - - - Dr. DRAKE.
 Dissections and Practical Anatomy, by - - - - - Dr. TRIMBLE.
 Clinical Instruction in the Cincinnati Hospital, by - - - - - Drs. DRAKE, PARKER and RIVES.
 Professor Parker, now in Europe for the purchase of additional books and apparatus, will return in October.

Dr. Trimble will open the rooms for Practical Anatomy on the 1st of October, and Prof. M'Dowell will at the same time commence a preliminary course of Osteology.

EXPENSES.—Tickets for the Professors, \$15 each: Matriculation, \$5; Library ticket (optional) \$3; Hospital ticket, \$5; Anatomical Rooms, \$10. Total, \$125. Respectable boarding and lodging can be had at \$3 a week.

As we have no national circulating medium, the Faculty consider it proper to give notice, that they will receive from students, at par, the current bank bills of the different States in which they respectively reside.

By order of the Faculty.

Aug9—3t

J. B. ROGERS, *Dean*.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 12—6m

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissection room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.

	<i>Fees.</i>
Anatomy, and the Operations of Surgery, by JOHN C. WARREN, M.D.	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,

Boston, July 5, 1837.

tNov. 1.

Dean of the Faculty of Medicine.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

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MALIGNANT DISEASES OF THE SKIN OF THE FACE.

AT a late meeting of the Royal Medical and Chirurgical Society, of London, the subject of cancerous and other affections of the face was brought before the members.

Mr. Cæsar Hawkins presented a paper on this subject, which was read. The object of the author in the communication is, to describe a peculiar form of malignant disease of the face, which does not appear to him to have received any distinct notice from surgical writers, although its character is so well marked as to require a separate consideration. The term "malignant" disease, however, having been employed in a very vague and ill-defined manner, the author commences by stating, that he restricts the term "malignant" to such diseases as essentially possess a new structure, capable of exerting a poisonous influence in one or more of these several degrees; 1st, upon the neighboring textures, which are converted into a substance exactly similar, or, at least, analogous, to that of the new formation; 2dly, upon the absorbent system, so that the neighboring glands become enlarged into a tumor, like that originally deposited; or, 3dly, upon the whole constitution, so that the poisonous secretions of the newly-formed part gain access to the circulating fluids, and tubercles of various forms, but of the same or an analogous character, become developed in some distant organs, or textures, which have no direct communication, except through the blood, with the parts in which the new structure was first formed. By this restriction of the term, the author excludes from among the malignant diseases of the face—1st, The irritable and intractable ulcers described by Mr. Earle, in the twelfth volume of the "Transactions" of the Society; 2ndly, The various forms of scrofulous lupus, which attack the nose, eyelids and cheeks; and 3dly, The several varieties of tubercular sebaceous disease, tubercular lupus, noli-me-tangere, &c., which occur in the same parts; and, 4thly, Hypertrophy of the nose, described by Mr. Hey, Civadier, and others. None of these contain any new structures to entitle them to be included in his definition.

The author then proceeds to describe three distinct forms of malignant disease, which are illustrated by several drawings, casts and preparations, presented to the examination of the members of the Society. With the common cancer of the face, as it shows itself in the lower lips, most surgeons are familiar. When removed by the knife in its early stage, this disease does not return. If permitted, however, to advance

until the contiguous glands become affected, the patient usually falls a victim to the irritation of the disease. In a few of these cases the poison is absorbed, contaminating the whole system; in which case tubercles are found in the liver and other viscera.

The second form of disease, to which the author applies the name of "cancerous ulcer," or phagedenic ulcer, occurs in the face of old persons; is usually stationary for a long time, until excited to ulceration by some accidental violence, and differs from the ulcer of ordinary cancer, by the skin around not being thickened or inflamed, by the almost entire absence of pain, by its slow progress, and by other characters. This disease the author considers to be malignant only in the lowest degree, and advises its removal by the knife, or, when the new structure is not very deep, by the chloride of lime. To the third form of disease, the author applies the name of "cancerous tumor," or "fungous cancer of the face," in old persons, a disease which he believes to be hitherto undescribed. This disease presents the appearance at first of a small round tumor in the skin, generally in the cheek, over the malar bone, or on the ala nasi. It is a little whiter than the surrounding skin, from the cutis being thinned by the growth of the tumor. It is easily distinguished from ordinary cancer by many characters of peculiarity, and is usually unattended with lancinating pain previously to ulceration. When it forms upon the ala nasi it is readily distinguished from hypertrophy of that part, by the absence of surrounding redness and thickening, by its defined cyst-like limits, and by the absence of enlarged sebaceous follicles. The author considers the disease to be intermediate in malignancy between the cancerous ulcer, and the common cancer, and that if sufficient care be taken to excise the whole, it may be removed with almost a certainty of success.

In answer to a question, Mr. Hawkins stated that he had not been able to form any diagnostic opinion, from the manner of growth of the tumors.

Mr. Perry inquired whether the author, in cases of chimney-sweepers' cancer proving fatal, had ever met with this disease in the liver, or any other of the viscera; and whether, in cases of the affection, where there was swelling of the inguinal glands, an operation was positively counter-indicated? He was induced to ask the latter question, from having seen cases at St. Bartholomew's, in which the cancerous tumors were removed, the glands of the groin being enlarged. In those instances the patients did well, and the swellings in the groins disappeared.

Mr. Hawkins had not had an opportunity of examining a fatal case of chimney-sweepers' cancer, to ascertain whether any of the internal viscera were affected. There was no doubt, however, that in some the viscera were implicated. Mr. Langstaff had recorded an instance in the Society's "Transactions." The occurrence of such cases was not, however, by any means frequent. Regarding the enlargement of the glands of the groin, that symptom, he considered, was not a decided bar to an operation. It would be doubtful whether the glands had become implicated in the disease or not; and if they had, it was by no means probable that the disease would return.

Mr. Macilwain thought, that in the diagnosis of cancerous sores, as in their treatment, a strict attention to circumstances of a constitutional nature was of as much importance as diagnostic marks afforded by the local appearances. Had Mr. Hawkins noticed any particular constitutional symptom in cases of cancer falling under his notice?

Mr. Hawkins said, that so far as general observation went, cancer occurred in persons under all kinds of circumstances of constitution, not only in the broken down habit, but in apparently strong and healthy individuals. It was likely, however, that some peculiarity of constitution modified the disease; or there might be some difference in the origin of the disease itself. The former, however, was the most probable.

Mr. Macilwain said, that it had occurred to him to see six or seven tumors, which it was impossible to distinguish from carcinoma. In all those cases the subjects seemed to be favorable for operation. In putting the patients, however, under constitutional treatment previous to operating, changes were observed to take place in the local affections. The operations were, consequently, dispensed with, and the tumors eventually disappeared. These tumors, of course, were not carcinomatous. He remembered a case which occurred a considerable time since in Bartholomew's Hospital, of cancer in the lip, very much resembling a case referred to by Mr. Hawkins in his paper, and described by him as "common cancer." In the case to which he (Mr. M.) alluded, an operation was determined on, but was delayed. In the meantime, the sore healed under the local application of arsenic. In this case, the man's father had died of a similar disease. In treating these affections, he (Mr. M.) had endeavored to separate the symptoms which were necessary to, and those which appeared only super-imposed on, the disease, in the particular cases. He found the sore much more relieved in the generality of cases which had fallen under his notice, by attending to the super-imposed symptoms, than to those which appeared necessary to the existence of the local affection. He had not been able, in any instance, to connect the occurrence of carcinoma with a sound state of health. If there was one constitutional symptom more commonly present than another, he should say that it was excessive excitability of the nervous system, not as co-existent with the disease, but of a prior existence.

CASE OF NYMPHOMANIA.

[The following case was related by M. Magendie, in one of his recent lectures at the College of France.]

I have here before me, on the table, the body of a young girl, who died in my wards at the Hotel Dieu, while laboring under nymphomania.

This is an extremely curious case—perhaps unique in the history of medicine; at least I am unacquainted with any example of a female having been affected with this distressing disease before the period of

puberty. This young child, scarcely 12 years of age, abandoned herself to the practice of masturbation, of which she was guilty several times in the course of the day, and that in the most open and undisguised manner. This child, of gentle and engaging disposition, and endowed with a considerable share of intelligence, was so powerfully influenced by the fatal passion which dominated, while it undermined, her existence, that she at length became an object of horror to her parents and friends, to whom she frequently detailed in the morning, and with the utmost frankness, the excesses committed during an agitated and imperfect sleep. The child was brought to the Hotel Dieu, where she soon died with all the symptoms of compression of the brain. Immediately on her arrival I ordered her to take some cold baths, hoping to calm the nervous system, and diminish the irritation of the genital organs. One or two baths only were administered when the little patient was seized with a species of hallucination, and an exaltation of the intellectual faculties, manifesting itself by an incessant loquacity. At the following visit the child answered rationally enough all the questions addressed to her, and I was unable to discover any of the symptoms which ordinarily accompany acute inflammation of the brain or of its membranes. I ordered sinapisms to the feet. On the following day, however, I found the child laboring under the symptoms of compression of the brain, which gradually became more profound, and finally terminated in coma and death.

The autopsy was commenced 48 hours after death, and it required but a very superficial examination to show how closely connected the nervous system was with the disordered phenomena, in the midst of which the patient's life terminated. The first thing done was to expose the anterior surface of the spinal marrow, and collect with care the cerebro-spinal fluid; the quantity of this latter obtained amounted to about two or three drachms, which you see here. Instead of being clear and transparent, as it should be, and as you have seen it when extracted from a healthy animal, the fluid resembles an exhalation of serum, and is of a dull yellowish color. You know, from what has been already said at an early part of the course, how profoundly the functions are deranged by any remarkable modification of the cephalo-rachidian fluid, which is sometimes found not only altered in color, but more or less deviating from its normal degree of fluidity. Here, then, the alteration in the color of the cerebro-spinal fluid puts us on the trace of the cause of this child's death, which evidently must be the same that produced the alteration of the fluid; and this leads us to examine the state of the cerebro-spinal axis itself, and of the membranes enveloping it. But first let us determine the condition of the fluid in the various parts of the cranium and vertebral canal.

[Here M. Magendie directed the attention of the pupils to a layer of puriform liquid, mixed with albuminous flocci, which extended over the whole surface of the spinal marrow, and was contained between the arachnoid and pia mater.]

When I remove (continued the professor) the fibrous membrane, you

may observe how the arachnoid is elevated at several points by the effusion of fluid beneath it ; the brilliancy and smoothness of the surface sufficiently indicate that the effused matter lies beneath the arachnoid, and, consequently, occupies the seat of the cerebro-spinal fluid. Most physicians would regard the pathological changes now before us as simply an effect of arachnitis, but for my part I see an alteration, a degeneration, of the cerebro-spinal fluid, produced by some special lesion of the pia mater ; the disease probably commenced by an obstacle to the venous circulation in that membrane, which was soon followed by alterations of its normal secretion, and consequent derangement of the functions of the whole nervous system.

A physician, who has devoted a good deal of attention to diseases of the brain as connected with mental derangement, lately published a memoir on the false membranes which, according to him, are formed between the two free surfaces of the arachnoid, or, in other words, within the great cavity of that membrane. This is in opposition to what you have just seen in the case before us, but I do not hesitate to say that the author of the memoir alluded to has fallen into an error ; he has mistaken, altogether, the seat of these false membranes, which, like purulent effusion, transudation of serum, &c., almost invariably exist in the subarachnoid cavity, i. e. between the arachnoid and pia mater. Indeed, many writers, and especially the older ones, fall into the same error, which depends on want of attention, more than anything else, on the part of those who make autopsies ; however, it must be confessed that in some cases it is difficult to determine the precise seat of the lesion, or the nature of the change which the fluid has undergone. I regard these false membranes, for the most part, as depending on a change in the consistency of the cerebro-spinal fluid, and so far we advance a step beyond modern pathologists : inflammation is their source, but it is frequently insufficient to explain the cause of death ; while, on the contrary, I have demonstrated, by a series of experiments which you have all witnessed, that any notable alteration in the physical properties of the cerebro-spinal fluid is followed by a profound disturbance of the functions of the nervous system, and generally terminates in death.

Look now at the state of the pia mater, and observe how the injected vessels form a net-work distinguishable underneath the arachnoid, for let me impress you with the idea that in all these cases the alteration occupies the subarachnoid cavity and not the free, smooth surface of that membrane. I have now exposed, in all directions, the great cavity of the arachnoid, and you see that it contains a quantity of purulent-looking matter : this, however, is not produced by the serous surface of the arachnoid ; the latter is a tissue enjoying a very high degree of permeability, and the effused fluid you see here has made its way by imbibition from the cellular membrane lining the cerebral anfractuosités. The osseous envelop of the brain does not present any particularity worthy of notice ; however, the cavity on the left side seems somewhat more developed than that of the right side. The region of the cerebellum is but moderately developed, a fact which is in contradiction of the

doctrine of Gall, who placed, as you know, the seat of amateness in that organ ; now, the present subject, affected with this passion or instinct in a very high degree, should have presented a corresponding development in that part of the nervous system in which Gall supposed the instinct to reside. The only remarkable circumstance connected with this portion of the head is the excessive thickness of the skull where it covers the cerebellum. I am far from wishing to deny the possibility of any relation existing between the cerebellum and generative system, but, on the other hand, I cannot prevent myself from thinking that such relation is anything but constant when I find in so many cases high irritation of the genital apparatus coinciding with atrophy or more or less destruction of the cerebellum. The back part of the brain, then, is, as I said, but slightly developed in the present case : on the contrary, the whole mass of the cerebrum presents a greater volume than we usually find at this age. The same purulent effusion, already noticed, may be observed on the superior and inferior surfaces of the cerebellum ; the cerebral pulp itself is of good consistency, and much injected with blood ; it is probable that we shall find more or less effusion of serum in the lateral ventricles. I have now exposed the central parts of the cerebrum ; the ventricles contain some clear fluid, but in small quantity.

Let us now direct our attention to the state of the genital organs. The external parts are red and injected : on separating the external labia the hymen appears in a state of perfect integrity, a circumstance which is excessively curious when we remember the practices to which this child constantly abandoned herself. The clitoris is very small, scarcely developed ; it does not present anything worthy of notice ; the vagina appears normal, without any marks of irritation, injection, &c. On arriving at the uterus we find that instead of being developed, it is actually smaller in dimensions than the organ usually is at the age of 15. The neck of the uterus does not present the least prominence. The only parts of the reproductive system which exhibit any deviation from the normal state, are the ovaries. These bodies are much more developed than they should be, and, what is very remarkable, some of the vessels of Graeff can be distinguished with the utmost facility ; here is one that is highly developed. You know that these vesicles are considered as a proof that puberty has arrived, but this child was far from affording external signs of puberty. The conformation of the bladder and rectum presents nothing extraordinary.

Here we may stop for a moment to ask ourselves, did the existence of the nymphomania depend on the development of the ovaries, or the presence of the vesicles just alluded to ? This terrible disease has occupied the attention of several writers, who have put forward a variety of theories, and, in fact, what is more easily made than a theory, provided you are not asked to furnish proof of what is advanced ? Thus some authors place the seat of nymphomania in the uterus, others in the clitoris, others again in the ovaries ; finally, others place it in the cerebellum. For my own part, without presuming to decide a question which is still involved in obscurity, I am inclined to connect the nym-

phomania of the present case with an abnormal development of the ovaries, and with the presence of vesicles in those bodies. However, nothing certain can be concluded from a single case: if I have occupied so much of your time with its details, it is with the hope that at some future time it may serve to throw light on a disputed question in physiology.—*London Lancet*.

TREATMENT OF DIVIDED INTESTINE.

M. JOBERT, Surgeon to the Hospital of St. Louis, Paris, has recently treated a case of divided intestine with complete success.

In 1822 M. Jobert commenced a series of experiments, from which he obtained the following principal results:—

1. When M. Travers's experiment is repeated on a healthy intestine, we produce the same effect as when a ligature is thrown round an artery; i. e. the mucous and muscular tunics give way, the serous alone resists.

2. If a ligature be placed on an intestine while the serous membrane is in a state of inflammation, the latter gives way at once, under a very feeble constriction.

3. When two serous surfaces are placed and maintained in contact, adhesion takes place in about an hour. This result, which would otherwise appear extraordinary, can be conceived when we reflect on the rapidity with which false membranes and adhesions are formed in inflammation of the serous tissues in general.

From the above facts M. Jobert deduced a method of treating wounds of the intestine, founded essentially on pathological anatomy. This extremely simple process consists in doubling inwards on itself the orifice of the inferior end of the gut; the superior end is then passed into the inferior one, and by this means the two serous surfaces are brought into contact; they are maintained together by two ligatures, which are merely twisted, instead of being tied, and which are brought out through the external wound, that they may be withdrawn after the lapse of a few days. When the intestine is only divided in a part of its calibre, the two edges of the wound are doubled inwards, and sutures are applied in number proportioned to the extent of the wound.

In 1825 M. Lembert proposed passing two or three sutures through the upper end of the intestine from without inwards, and as many, in the same direction, through the inferior end; the ligatures are then drawn tightly together, and this forces the lower edges of each intestinal section to double inwards on themselves, and present their serous surfaces to each other; but this process requires a considerable force of traction, and produces a kind of valve in the interior of the intestine, with the ends which are thus doubled inwards.

One of the most common objections which have been offered against M. Jobert's method is founded on the fact of its having been twice performed on the living body without success. This, however, is but a

very specious objection. The author of the memoir now before us gives in detail the two first cases operated on by M. Jobert, and it is easy to see that the fatal result depended on circumstances totally unconnected with the operation. The third case, on the contrary, was completely successful, and answers in a most satisfactory manner the objections which have been advanced against M. Jobert's method, and when joined to the other two cases warrants the following conclusions :

1. The simple torsion of the threads which serve to unite a divided intestine, is enough to prevent any danger of consecutive effusion, and determines the union of the serous tunics which are placed in contact.

2. Even when the serous membrane is violently inflamed, it bears the application of the ligatures fastened by torsion, whereas it would give way under a knot.

3. The method proposed by M. Jobert, for the union of a wounded intestine, whether the calibre be completely or incompletely divided, is the best that can be adopted.

EXTRA-UTERINE PREGNANCY, OCCURRING TWICE IN THE SAME WOMAN.

THE number of examples of extra-uterine pregnancy recorded in the medical works is considerable. The phenomenon in itself has been studied with so much care, that perhaps the only point which we are unable to explain in a satisfactory manner, is its mechanism. We are not aware, however, that a case similar to the one which follows has been described in any work, or monograph, on the affections of females. It is recorded by Dr. Gallia, in the *Jour. des Con. Med.-Chirurg.*

Case.—A young woman, of sound constitution, enjoying perfect health, shortly after her marriage with a schoolmaster, became engaged in a quarrel with another female, who threw her violently on the ground, and ill-treated her in the most brutal manner. The moral and physical suffering of the patient gave rise to an illness of several days, which, however, subsided without any grave accident.

The abdomen now gradually enlarged, and the young woman thought herself pregnant ; the pregnancy seemed to run its course in the usual manner ; and after the lapse of nine months several of the phenomena of labor set in, but without any result ; the pains soon disappeared, but the abdomen remained developed.

Several months elapsed without any change, and the patient, as well as her friends, commenced to doubt the reality of the pregnancy. At this period the husband was removed to another parish, and the author of the case lost sight of his patient. After some time the woman was suddenly seized with violent pains in the abdomen, of a peculiar kind. A physician was sent for, but ignorant of the cause of the disease, he ordered some general remedies, such as the warm bath, &c., which produced a momentary calm. The pains, however, soon returned at shorter intervals, and with greater violence at each access. Several medical men were called in, in succession, without any benefit to the

patient, and without discovering the real cause of her sufferings. The latter at length became so insupportable, that a consultation of seven medical men (the author included), was held. The abdomen was now as large as that of a woman in her ninth month : it was tense, and so resisting in every point, that it was impossible to offer any conjecture on what the cause of the tumefaction might be. The whole surface of the abdomen was painful to the touch, particularly about the groins. The sexual organs, examined by the touch, presented nothing abnormal. The pulse was hard, face highly colored, and the pains excessively acute.

In this state of things a general antiphlogistic treatment was resolved upon, leaving to nature to clear up the diagnosis. One of the physicians present spoke, it is true, of an extra-uterine pregnancy, but the state of the abdomen rendered it impossible to pronounce in anything like a positive manner. The consultation, therefore, broke up, little satisfied with what it had done, but full of hope. After the lapse of some time, the pains set in with redoubled violence, and the patient felt an imperious desire to go to stool, which she was unable to satisfy. A surgeon, sent for, found a foreign body engaged in the sphincter ani, extracted it, and discovered one of the bones of a fœtus : several other bones were discharged in the same manner, and the woman experienced great relief. For several months, she continued to discharge fragments of bone per anus ; and at length, in the year 1829, recovered perfect health. The physicians had strongly recommended the patient to abstain from all participation in the pleasures of marriage ; a counsel which, it appears, she followed up to 1834, when, after a copious loss of blood from the uterus, the catamenia became suspended, and the abdomen swelled. As the tumefaction increased day after day, the patient got alarmed ; but an accoucheur, who carefully examined the vagina and uterus, assured her she was not pregnant. At about the fifth month, the movements of an infant were clearly perceptible, and put an end to all doubt ; but the internal genital organs, again explored, seemed to have undergone no change. The movements soon ceased ; and, in a few weeks after, fragments of a fœtus were discharged, as before, through the anus ; but on this occasion, fortunately, without any pain. Only a portion of the fœtus was thus eliminated ; the abdomen, however, gradually subsided, and the woman now enjoys a perfect state of health.

SUCCESSFUL USE OF THE BANDAGE.

BY J. M. BUSH, M.D., LEXINGTON, KY.

A BOY was attending his horses, about the large wheel of a horse-mill, and accidentally his foot became engaged in some of the machinery, and before it could be released, was nearly severed at the junction of the tarsal and metatarsal bones. Of course there resulted extensive laceration of all the soft parts ; but an anticipation being entertained that the

integrity of some of the bloodvessels and nerves, especially those of the plantar surface, still remained, together with the utmost confidence in the powers of the bandage, that agent was addressed to this unpromising injury. At the next dressing, some four or five days afterwards, all the phalanges and metatarsal bones came away with the bandages ; leaving a most healthy and progressing, granulating and suppurating stump. While the vitality in the foot, so far as it regarded the injured parts, was insufficient to preserve the toes and metatarsus, the mechanical pressure, in this lacerated wound, of tendon, nerve, and bloodvessel, completely prevented all disposition to tetanus, which might have occurred under other treatment ; at the same time, its wonderful influence secured a natural amputation by absorption, and promoted two most desirable objects—healthy granulation and suppuration of the wound. A continuation of the roller a couple of weeks longer completed the cure. This singular case is most eminently calculated to illustrate the complete power which mechanical pressure is capable of exerting over the absorbent system. Here, its charm could not reach the bloodvessel system, in consequence of the irreparable violence done to it in common with the other parts ; therefore adhesion was out of the question. Nor was there even *ground* enough left to secure a union by the second intention, by granulation, &c. But the remedy was competent to engage the active agency of absorption, in preparing the parts for the most speedy and safe return to health. This was done by separating the destroying parts, and retaining the wound in a state prepared for progressive cicatrization.

A gentleman was thrown from his horse, and sustained an extensive compound fracture of his ankle. In this lacerated injury the anterior tibial artery was wounded, and presented in a short time, in consequence of the invasion of its integrity, an aneurism of considerable magnitude. A thick pledget of cotton cloth was placed directly on the pulsating tumor, and extended some inch or two above and below it. A bandage was then begun at the toes, and conducted over the foot and ankle, extending up the leg, and embracing, very firmly, the compress. The remedy, thus applied two or three times in twenty days, was entirely successful in effecting a complete and undoubted cure of the diseased bloodvessel. Here, while the compress, secured by the roller, arrested the circulation through the artery, and effected an immediate stagnation and coagulation of the blood in the aneurismal sac, it by its mechanical influence prevented all swelling of the foot, ankle and leg. Nor does it appear at all paradoxical to assert, that it excited the absorbents to destructive action in the discussion of the tumor, by the removal of the coagulated blood and other extraneous parts.

A patient presented himself to Professor Dudley for an operation. His malady was a most extensive aneurism by anastomosis, occupying almost the entire lateral half of the head and face. The occipital, the temporal, transverse fascial and supra-orbital arteries were all involved in the disease, and were all supplying this vascular tumor, which extended from the *os occipitis* behind, to the malar bone in front, and to the inner canthus of the eye ; the whole presenting a surface of dis-

eased bloodvessels and scalp, equal at least to six inches square. Did the surgeon take up his knife, to cure the malady by cutting, the operation must have consisted in nothing short of a horrible scalping, for the entire teguments of that side of the cranium were in a highly pathological condition. But, fortunately for the patient, it was not necessary that he should ascend the operating table; a remedy secure and certain, and far less painful and distressing, was selected for his relief. Mechanical pressure, in the beautiful and convenient shape of compress and bandage, was the means confided in. A pledget of sufficient size was laid over each of the arteries feeding the diseased mass, and held in position by an assistant, while the surgeon with the double-headed roller, secured each successively and firmly, by appropriate turns; thus addressing the necessary pressure not only to the leading arterial branches, but to the whole head, and diseased portion of face.

This extraordinary case was cured, most successfully, in fifteen days, upon the same admirable principle which we have illustrated in the preceding cases; and instead of losing one half the integuments of the head, all were restored to their healthy and natural condition. Were it necessary, and would our limited paper permit, we could go on and give other examples illustrative of the same powers of the remedy over the bloodvessels in the other forms of aneurism. In addition to the above cases of the true aneurism, and aneurism by anastomosis, we could select a number, treated precisely similarly, of the false, diffuse, and varicose orders.—*Abridged from Transyl. Jour. of Med.*

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BOSTON, SEPTEMBER 6, 1837.

ANATOMICAL CONSTRUCTION OF THE EYE.

WHEN Dr. Alexander's extremely novel physiological investigations on the anatomy and physiology of the eye, appeared in this Journal, we were sure that an impulse would be given to an inquiry that demands a more careful examination than has been bestowed upon it. Theories are so easy to construct, and they can be manufactured, too, under such circumstances of parlor comfort, that it is a rare circumstance in this wise age to find an experimental philosopher. When one does venture, however, to promulgate facts, whether of consequence or not, he is certain of being pretty thoroughly dissected, if there is the least connection between his subject and any imperfectly explored domain of physiology. Unkind as this may seem, it is the only mode, in modern times, of drawing forth those deductions by other minds, which are considered necessary to establish the truth of a position in the exact sciences. As in vulgar life, so it is in the pursuits of science—there are always two sides to a story. It is from a conviction of the correctness of this homely maxim, that we feel it a duty to give admission to the following communication from the

City of New York. Its writer is an authoress. There is something curious in the circumstance, that a lady is the first critic who has appeared in our pages, to decide upon the merits and demerits of Dr. Alexander's discoveries. Whether Dr. A.'s theory be founded in truth or not, he will be regarded as a profound man, a deep thinker, by those who can appreciate the skilful application of the knowledge displayed in that single memoir. The constitution of his mind—for we speak from a personal acquaintance—convinces us that the profession will at some future day become very familiar with his name. Still, our fair correspondent, at the onset, has pierced him through and through with a golden bodkin. Of course we do not publish all that we might, to satisfy any one how capable the writer is of analyzing what are called discoveries in this particular department.

Since Dr. Alexander has fairly leaped into the arena, and combatants are beginning to exhibit themselves, he will doubtless feel himself called upon to present a further statement of his views, in defence of his ingenious theory. The following is an extract from the communication alluded to, addressed to the editor.

"But Dr. Alexander has mistaken the nature of the phenomenon which he calls capillaries. They are to be seen in young and strong eyes, as well as in those that are old and weak, and are nothing more than congeries or links of air bubbles. These air bubbles always attach themselves, more or less, to extraneous matter, and in an organ, such as the eye, the secretions are not generally in a perfectly limpid state. In the aqueous humor, owing to some derangement of the absorbents, either from age or weakness of the eye, there will be found portions of viscid matter that float loosely through the fluid, and it is to these filmy substances that globules of air attach themselves.

"If Dr. Alexander will look into the little work referred to by Professor Dunglison in his "Medical Library and Intelligencer," which work is called "Discoveries in Light and Vision," he will see the subject of *muscæ volitantes* (page 79) discussed at length. The writer of that work shows us how we can see almost any part of our own eye, and no one can have the least doubt as to the nature of the floating body which Dr. Alexander describes, after reading that explanation. It is true that some of the spots are permanently fixed, but that is owing to their position in the eye. He will find on page 99, No. 9, that the phenomenon he mentions has been well described also; the author observes, 'that the fixed spots between the cornea and lens, can be seen in conjunction with those that are floating;' and I will add, the tube Dr. Alexander describes can be seen in almost all the experiments set forth in the aforesaid work. Professor Dunglison observes that the subject has been noticed by many of the more recent writers on physiology; but he means by this, that other writers have endeavored to account for this phenomenon in the usual way of *theory*. It is due to the author of the 'Discoveries' to state, that it is in her work alone that experiments are offered.

"The fixed tubes and spots, certainly, as Dr. Alexander observes, have the *appearance* of being in motion, a motion which only belongs to the eye itself. On a careful examination, after the lapse of a year, he will find that the spots and irregular tubes, which he imagines are the seriferous capillaries, will appear in the same place, and present the same appearance. They are nothing more than flaws and cracks, just such

as we see on the dried lens of an ox when we look at it through a magnifier. But I shall say nothing further, presuming that you will read the work to which I allude, and judge for yourself. Dr. Alexander will be amused when he makes the experiments; he need not be mortified, however, at his mistakes, for his theory was a very ingenious one, considering that he did not know of the simple modes by which he could see these tubes so plainly."

Medical Appointments.—Prof. Eberle, of Cincinnati, has been elected to the chair of Theory and Practice; and Dr. Thomas D. Mitchell, of the same city, appointed Professor of Chemistry and Pharmacy, in Transylvania University. Thus, there is now a complete reorganization of the medical faculty of that energetic school. It is also announced that W. R. Fisher, Esq., of Baltimore, has been elected to the professorship in the University of Maryland, vacated by Prof. Ducatel. Dr. Ellis Hughes, of Annapolis, was at the same time chosen Demonstrator of Anatomy. It might be added, in connection with these medical movements, that Dr. Palmer, of the Woodstock School, Vermont, has accepted the chair of Materia Medica and Pharmacy in the Berkshire Institution. Whether this is a temporary or permanent arrangement, has not been announced. The Board of Trustees would find it for their interest, decidedly, to attach him permanently to the college. Dr. Mussey's name is published, as will be perceived, in the prospectus of the present lecture term of the College of Physicians and Surgeons at Fairfield, N. Y., in the departments of Surgery and Obstetrics. This gentleman will be a valuable acquisition to the talented body composing the faculty.

Quack Journals.—Absurd as it may seem, the charlatans, all over the country, are publishing their *knowledge* to the world. They possess so small a stock, however, that the prospect of reducing the civilized parts of it to the ignorant condition of their readers, must be rather discouraging. The burden of complaint is the same in them all, viz., physicians who are better educated than the editors of these stupid productions, deserve extermination. And we verily believe, were it in their power, they would steam and pepper the whole profession to death, as they do those who are so unfortunate as to become their patients. It is truly surprising that fools enough exist on the continent to maintain one single Thomsonian periodical. At the present rate of multiplication, they will soon be at loggerheads amongst themselves—for there will be no friendship in trade, when all deal in lobelia. Notwithstanding the continual abuse they are dealing out to us, personally and professionally, "please to exchange" almost invariably comes written on the margin of their papers. How is it that they are so anxious to read what they cannot understand—the reports of the most experienced physicians in New England? Persons wishing to examine specimens of *Thomsonian Journals*, which are positive monstrosities, may have, by calling, all they can find in the office.

Ulcer Poultice.—A Connecticut correspondent gives the following recipe for a poultice of wood sorrel, which in country places can be very

easily obtained. "To excite the languid vessels of ill-conditioned ulcers, nothing can be entitled to higher claim, in my estimation, than the oxalis acetosella. Bruise the leaves and apply in the form of poultices for four days, and instead of sanies and ichor, a good purulent discharge will be the result; after which apply such means as will conduce to the growth of healthy granulations. N. S."

Health of Boston.—There has rarely been a season of more general good health, than the present. No particular disease has prevailed—and the mortality, in proportion to the population, which is quite dense in the old parts of the city, is considered small—in fact, hardly what might have been expected. All this, in a measure, is the good effect of a vigilant health police regulation, which forbids the accumulation of decaying vegetable matter in the streets, or yards of private houses.

Cholera in Naples.—Ten thousand persons are supposed to have died with this disease since the 13th of April. An eruption of Mount Vesuvius did not act upon the atmosphere to reduce the mortality, as had been anticipated. The malignancy of the cholera was such as to kill patients in twenty-four hours.

Jefferson Medical College.—A prospectus of the ensuing lecture term, commencing the first Monday in November, together with a catalogue of the late graduates, has just come to hand. It is a perfect mystery to us, whither and how such a phalanx of students are collected. That it is an energetic institution, no one will pretend to question. Each ticket, that is, the fee to each professor, is fifteen dollars. All the hospitals in Philadelphia are open, alike, to the two schools. Every preparation seems to have been made to give an elevated course of lectures the coming season. Dr. Pattison, of the anatomical chair, is now in Europe, but is expected home in ample season to give his personal attendance in his particular department.

Dr. Whitridge's Address.—At the late annual commencement of the Medical College of South Carolina, this gentleman, who is president of the Medical Society, delivered an address before the candidates for the degree of Doctor of Medicine, replete with good sense, and every way worthy of the author. The publication purports to be an abridgement of the address in its original form—for this, we are really sorry. In the multitude of miserable pamphlets showered upon the community, it is delightful to discover something that, like this address, will bear reperusal, and we regret that there is not much more of it. If possible, a pretty large portion of it will be introduced, hereafter, into the Journal. In the meantime, the gentleman who had the kindness to remember us, is entitled to special thanks.

Longevity of the Turtle.—A common land turtle has recently been taken in Connecticut, with the date 1799 on its under shell, and evidence exists that there is no mistake or deception in the date.


Puerperal Sore Mouth.—Will some of the able writers for the Boston Medical and Surgical Journal, give us something on the pathology and best mode of treating puerperal sore mouth. I. B.

Degrees of M.D. at Yale College, 1837.—Edwin A. Anderson, John P. Atwater, Nathan C. Baldwin, Artemas Bell, Joseph W. Clark, Samuel F. Clark, Robert C. Cone, Jacob N. Keeler, John Loundsbury, Joel B. Merriam, Daniel Morgan, Elisha B. Nye, Charles E. Parker, Edward Rowland, Gurdon W. Russell, John L. Sullivan, Thomas H. Totten, received the degree of M.D.; and the honorary degree of M.D. was conferred on Drs. James Rogers and Charles Woodward.

Scald Head, &c.—In tinea capitis I almost consider creosote a specific; but although I cured cancrum oris in a child, aged three years, by its use, other means might have succeeded equally well; at all events its indiscriminate use on the soft tissues of children is injudicious, as its constitutional action, even in very minute doses, is extremely active. I am inclined to expect good results in cutaneous cancer; and from its influence in healing solutions of continuity in the skin and mucous membranes, I hope for decisive benefit from its employment in breaches in the urethra. It may also prove useful in chronic ulcers of the cornea.—*Dublin Journal*.

Statistics of Wounds of the Heart.—In 54 cases collected by M. Olivier, the right ventricle was the seat of the wound in 29, the left ventricle in 12, both ventricles in 9, the right auricle in 3, the left in 1. Out of 29 cases of penetrating wounds of the cavities of the heart, only two proved fatal within 48 hours; in the others, at from four to twenty-eight days.—*Ibid*.

Wide Streets not a Source of Safety from Infectious Diseases.—Berlin is twelve miles in circumference, though it contains less than 230,000 inhabitants. In fact, its founder wished to possess a capital bearing the same rank amongst capitals which he himself had acquired amongst kings. When the city was nearly built, he said exultingly to the French ambassador—"Well, we are getting on; Berlin is nearly as large as Paris." "Certainly," replied the ambassador, "only we don't grow corn in Paris." The river is a dull, heavy, slow, melancholy stream, rather impairing the salubrity of the place. "Its sluggish course," says a late traveller, "is so tedious in conveying away the pollutions it receives, that during the heat of summer it is seriously affected; and it is a fact that, during the summer of 1834, the deaths exceeded the births by 44, weekly. It should be remembered, however, that in that summer Berlin was suffering severely from the cholera.—*Quarterly Review, April*.

 The Report on Hernia, with the representations of the instruments, will be given in a future number.

DIED.—At Natchez, Mi., Dr. J. A. Denny, one of the oldest and most successful practitioners of that city.

Whole number of deaths in Boston, for the week ending Sept. 2, 45. Males, 19—Females, 26.
Consumption, 7—old age, 2—cholera infantum, 3—diarrhoea, 2—acute diarrhoea, 1—ovarian tumor, 1—dysentery, 2—cholera morbus, 2—typhus fever, 3—scarlet fever, 4—inflammatory fever, 1—chronic metritis, 1—inflammation of the lungs, 1—drowned, 1—teething, 1—paraplegia, 1—measles, 1—hooping cough, 1—organic disease of the heart, 1—stillborn, 2.

COLLEGE OF PHYSICIANS AND SURGEONS of the Western District—Fairfield, Herkimer county, N. Y.—The Annual Course of Lectures will commence on the first Tuesday in October, and continue sixteen weeks. The lectures will be delivered as follows.

On Chemistry and Pharmacy, by	JAMES HADLEY, M.D.
On Anatomy and Physiology, by	JAMES McNAUGHTON, M.D.
On Materia Medica and Medical Jurisprudence, by	T. ROMEYS BECK, M.D.
On the Practice of Physic and the Diseases of Women and Children, by	JOHN DELAMATER, M.D.
On Surgery and Obstetrics, by	REUBEN D. MUSSEY, M.D.

The advanced age and increasing infirmities of Professor Willoughby, President of the College, will hardly allow him to lecture during the ensuing term, and the course formerly given by him will therefore be given by Professor Mussey.

Price of tickets for the whole course, \$56. The professors are provided with ample collections to illustrate their lectures, and every facility is afforded for the practical acquisition of the profession.

The board is as low, if not lower, than in any other village in the State. Additional information, if needed, may be obtained by applying to any of the professors. JAMES HADLEY, Register.

Aug. 16—4t

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.	GEORGE C. SHATTUCK, M.D.	GEORGE HAYWARD, M.D.
RUFUS WYMAN, M.D.	JACOB BIGELOW, M.D.	ENOCH HALE, M.D.
JOHN RANDALL, M.D.	WALTER CHANNING, M.D.	JOHN WARE, M.D.

At the annual meeting of the Committee on Wednesday, August 2, 1837, a premium of fifty dollars, or a gold medal of that value, was awarded to OLIVER WENDELL HOLMES, M.D. of Boston, for a dissertation on the question, "What is the nature of Neuralgia, and what is the best mode of treating it?" A similar premium, of the same value, was at the same time awarded to Dr. Holmes for a dissertation on the question, "To what extent, and in what places, has intermittent fever been indigenous in New England?"

The following Prize Questions for the year 1838 are before the public, viz.:

1st. "What are the anatomical characters of Typhous Fever, and what is the best mode of treating this disease?"

2d. "What are the causes, seat, and proper treatment of Erysipelatous Inflammation? (*Erythema Erysipelatosum* of Good.)"

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D. Boston, on or before the first Wednesday of April, 1838.

The following questions are now offered for the year 1839, viz.:

1st. "The pathology and treatment of Rheumatism."

2d. "What is Scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1839.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1823, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 3, 1837.

A9—4t

ENOCH HALE, Secretary.

Publishers of newspapers and medical journals throughout the United States, are respectfully requested to give the above an insertion.

MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

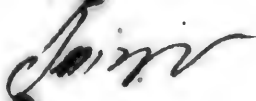
Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

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THE

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[NO. 6.]

ON THE CURE OF VESICO-VAGINAL FISTULA, AND LACERATION
OF THE BLADDER AND VAGINA.

BY PROF. DIEFFENBACH, BERLIN.

THE observations which I have already made, contain my physiological views on this accident. I shall now proceed to examine a few of the methods of treatment hitherto proposed for the cure of vesico-vaginal fistulæ.

Jobert, in a memoir communicated to the "Gaz. Med." of Paris, has written at some length on the history of the operation, but his remarks are not free from national partiality : on the other hand, the estimation made by Killian of the different processes, is much more complete and impartial.

1. Cauterizing and burning the edges of the fistula, have produced the least beneficial results amongst the various methods which have been employed. In general, authors say it is not applicable, when the loss of substance is great, and should be reserved for cases of small fistulous openings ; but, even for the latter, it does not appear to me to act in a very favorable manner. According to my experience, I would only employ the cautery in cases of fistulæ lying near the neck of the uterus, and hence brought to view with the speculum.

2. Sutures. *a.* The suture and other means of obtaining union without refreshing the edges of the wound.

When the surrounding tissues are very firm : when the fistula is not larger in diameter than one's finger ; when the parietes of the bladder cannot be separated from the vagina, without considerably dilating the opening, I prefer the application of the ligature to every other method.

After having drawn forward the parts, the surgeon should pass a curved needle, armed with a thick ligature, through the cellular tissue uniting the bladder and vagina, so as to embrace, circularly, the opening, a few lines from the edges. If one ligature be insufficient to bring the edges of the fistula in contact, two or three more stitches may be applied. I obtained, by this method, the most happy results in the case of a Russian officer, who had lost a portion of the urethra, near the middle of the penis, from a musket shot.

b. The suture, after previous cauterization, or refreshing the edges.

The simple suture is the best operation in all cases where the fistula is sufficiently low down to be got at with facility. When additional

means are necessary, it is not easy to determine whether we should employ cauterization of the edges, or merely refresh them with a cutting instrument: the former, however, may be had recourse to, in cases of vesico-vaginal fistula, with more advantage than in cases of division of the palate, when staphyloraphy is performed. The greatest difficulty in the use of the simple suture is, that, after refreshing the edges of the opening, the latter is apt to assume a rounded appearance; hence it is useful to touch the edges, before we apply the suture, with a hot iron, or a substance calculated to stimulate them powerfully.

Several surgeons recommend us to apply as few sutures as possible, and not to draw the threads too tight: I follow an opposite practice; it is necessary to excite adhesive inflammation along the whole edge of the wound, and that as quickly as possible, in order to prevent the noxious effects which would be produced by any infiltration of the urine.

Professor Lallemand has lately directed attention to an instrument which he has invented for the cure of vesico-vaginal fistulæ; this consists in an elastic silver catheter, furnished at one end with a hooked forceps, and which is intended to keep the edges of the fistula in contact after they have been cauterized. The instrument does not seem to me to be well calculated to obtain the end proposed; a solid union cannot be obtained by bringing the posterior edge of the opening in contact with the anterior one; the passage of urine is not sufficiently prevented, and the constant action of the spiral spring which keeps the forceps applied, has the disadvantage of cutting through the tissues before they have time to unite. Roth Killian and Velpeau agree with me in this opinion.

3. Cure by the Taliacotian method.

Jobert succeeded in closing a large communication between the bladder and vagina, by transplanting a portion of tissue from the neighboring parts and applying it over the opening. The skin of one of the labia majora, having been closely shaved, was dissected off, and united by sutures over the opening; the operation succeeded in the happiest manner, but it may be feared that the reproduction of hair within the cavity of the vagina, may produce several unpleasant inconveniences. The operation, however, may be varied in the following manner:

1st. By closing the opening with the mucous membrane of the bladder. 2ndly. By implanting a layer from the neighboring membranes of the vagina.

The first of these methods is only applicable when the fistula is moderately large; when a small portion of the bladder projects through it, and, perhaps, is already adherent in several points. Here, by frequently touching the edges with the *tinctura canthar.* we may endeavor to excite adhesive inflammation; or, if it be necessary, the vesical mucous membrane may be drawn with a hooked forceps, a little more through the fistula. Should adhesion at length take place all round, the superfluous part is to be destroyed with the nitrate of silver.

The second method I would propose, is to transplant a portion of the vaginal membrane over the opening; this is applicable to cases in which

the fistulous orifices are very large, where it would be almost impossible to bring their edges together by suture, &c.

Whenever the parietes of the vagina are destroyed in their whole thickness, the operation is to be performed in the following manner:—

The first difficulty which the surgeon encounters, is produced by prolapsus of the bladder, which commonly hangs down through the vagina; it must be carefully returned, and supported by a piece of soft sponge introduced into the orifice of the fistula. This done, one edge of the opening is to be seized with a hooked forceps and drawn forwards; the action of this instrument being aided, when necessary, by several others of the same kind; the surgeon next perforates, with a fine scalpel, the posterior part of the edge of the fistula, and pushes this instrument, with a sawing motion, through its anterior external edge; an assistant must keep the strip of tissue, thus removed, constantly on the stretch.

To obtain a broad surface for union, the vesical layer of the edge of the opening must be dissected away for a few lines from the vaginal layer, and when this is accomplished, the refreshing of the edges of the wound may be completed. It now remains to bring together the edges of the large opening which presents itself. For this purpose, I pass two strong metallic (lead) ligatures, by means of my instrument for split-palate, through the vaginal layer of the fistulous orifice, opposite its middle part, and about an inch distant from each other. The ends of the ligatures, which hang out through the vagina, are then twisted together, and in proportion as this is done, the edges of the wound are forced to approximate. When the tension of the vaginal parietes has been carried as far as prudence will permit, the surgeon proceeds to form the two lateral flaps, which are to close up the rest of the opening. Having previously emptied the rectum, and having introduced his left index finger into that intestine, in order to guard it, the surgeon makes an incision, commencing at the inferior and posterior part of the lateral wall of the vagina, and continues his incision forwards to the nympha; a similar incision is then made on the opposite side. The breadth of the portion of the vagina thus isolated, should not exceed one third of the breadth of the organ itself: when the incisions have been continued sufficiently deep and long, the ligature may be again twisted, and the surgeon will find that he now can bring the edges of the wound still closer to each other. The loss of substance is, however, still too great to allow immediate closure of the fistula, a condition necessary for cure; the surgeon must therefore proceed to “dissect off the lateral flaps from the vagina,” and, having done this, completes his operation by uniting the edges of these flaps with the common suture. The vagina must now be washed out with cold water, the patient placed in bed, and a larger catheter introduced into the bladder.

Even should no union, or only a partial one, take place after the operation, we obtain benefit so far, that the large opening between the bladder and vagina is converted into a small slit.

Jobert says, “M. Velpeau advises us to close the fistulous orifice by the posterior wall of the vagina, which is to be brought forwards; but

before we can judge of this method, we must wait until its author has practised the operation."

Vidal de Cassis has latterly put forward a very peculiar idea on the operation for the vesico-vaginal fistula; he proposes closing up the vagina altogether, and thus converting it into a second reservoir for the urine. In cases where the whole parietes of a portion of the vagina have been destroyed, and the bladder hangs down between the thighs, we certainly should be very fortunate if we could retain the urine by closing up the vagina; the objection made against it of the danger of exciting inflammation, &c. in the mucous membrane of the vagina, is of no value, for experience proves that the latter can bear the contact of urine without any inconvenience. The method is, evidently, only applicable to very large fistulæ; but the idea is ingenious, and I am anxious to hear more of the effects of an operation which bears some analogy to that of Fricke for prolapsus uteri.

I cannot close these observations without saying a few more words on the operation which I have found most practicable. The rectum must previously be well emptied. The patient is to be placed in the position commonly chosen for lithotomy; and five or six assistants are indispensable. A few minutes before the operation, I inject some cold water into the bladder, which, passing through the fistulous opening, has the effect of cleaning its edges from blood, while the latter are being refreshed with the knife, or of indicating the exact situation of the fistula should it be small. Having introduced the valved speculum, the surgeon seizes the vaginal mucous membrane, near the fistulous orifice, with a hooked forceps; then removes his speculum, draws down the parietes of the vagina, and removes a strip of membrane with his bistoury, so as to refresh the edges of the fistula.

When the opening is large, the vaginal edge must be separated to the extent of a few lines from the vesical edge of the fistulous orifice, in order to obtain a broad surface for union: when the fistula is very small, this is impossible; in such cases I remove a funnel-shaped portion of tissue, the middle of which corresponds with the fistula, while the apex terminates in the bladder; this gives a surface sufficiently broad for union. The wound is now cauterized, by employing the cylindrical speculum of Dupuytren, or of Kluge, and the sutures are applied on the second or third day, when the edges of the wound present a red, inflamed surface. When the parietes of the vagina are easily drawn down, I apply the interrupted suture with the fingers, by means of small, very long, and curved needles: but when the tissues are unyielding, I am forced to employ needles, like those I use for the operation of split-palate, and to introduce them with a handle. The ends of the ligatures are easily tightened with the fingers; they may either be cut short, or left to hang out of the vagina. As soon as the patient has been placed in bed, an elastic catheter must be introduced into the bladder, and a short funnel-shaped tube into the entrance of the vagina; every half hour some cold water must be thrown up through both tubes, more with the intention of diluting the urine, and preventing its action on the edges of the wound, than as an antiphlogistic means.

The speculum must not be introduced for the first few days : on the fourth, fifth, or sixth day, the sutures may be removed by introducing a small speculum, and cutting them through with a long scissors.

Should any of the sutures have cut through the tissues without producing union, or if the operation have failed, the edges of the wound must be frequently touched with the tincture of cantharides ; should the latter means fail, as, indeed, it commonly does, the operation must be repeated again and again, as often as the patience and condition of the unfortunate woman will permit.

When the patient is young and strong, the after-treatment must be strictly antiphlogistic ; general and local blood-letting during the first few days ; in a word, I treat my patients, after this operation, as I would treat individuals laboring under a penetrating wound of the chest or abdomen ; when cystitis sets in, I apply the leeches directly to the vagina.

The nourishment should simply consist of some mucilaginous drink ; the only medicine I am in the habit of giving is some *oleum ricini*, with laurel water. If the patient be attacked with diarrhœa, I administer the *decoctum althææ*, or *emulsio amygdalina* with the above-mentioned laurel water.

It would lead too far were I to enter into further considerations on this point : it is enough to say that the operation is always a dangerous one, chiefly on account of the injury which is done to the bladder ; the suture always producing more or less inflammation of the edges of the fistulous opening, or of the surrounding parts.—*Lancet*.

ANIMAL MAGNETISM.

[ALTHOUGH a variety of facts have been given to the medical public within the last year, to convince the profession that there is some truth in animal magnetism, we have been unwilling to meddle with the matter of late, for fear of being considered either a dupe, or a tool in the hands of designing knaves. As a very great effort has been making to enlighten the people of New England on the subject, by popular lectures, translations from the French, &c. we had concluded to let those who took pleasure in exercising their organs of marvellousness, proceed in peace, but to exclude from the Journal all details in relation to somnambulism and its kindred anomalies. But the recent developments in the city of Providence are so well authenticated by members of our own profession, that we cannot withhold some notice of them without doing a manifest injustice to our patrons, who have a right to expect a fair chronology of all events occurring in the circle of professional observation. With these explanatory remarks, we shall republish, from an Appendix to Deleuze, just published at Providence, the following statements of Dr. Webb, Dr. Capron, and others, whose reputations place them entirely above the suspicion of a design to impose upon the world.]

Providence, Sept. 2, 1837.

SIR—In compliance with your request, expressed in a note, dated the 24th ult. I herewith furnish you a statement of the case of somnambulism which I have under my charge, to append as a note to the work you have in progress.

Miss L. Brackett, the subject of this case, is a respectable and intelligent young lady from Dudley, Mass. Four years since, when about sixteen years of age, she had the misfortune to have an iron weight, weighing two or three pounds, fall from a height upon the top of her head. The injury which she sustained was so considerable as to deprive her of her reason for a number of months, during which time she was subject to the most violent spasms, and other serious derangements of her nervous system. From the immediate effects of this injury she gradually recovered, and at the end of the year her general health was partially restored. Notwithstanding, however, the improvement in her general health, an affection of her eyes, which commenced immediately after the receipt of the injury, and which threatened total blindness, was daily growing worse. The disease with which her eyes were affected, is called *amaurosis*; it is an affection of the optic nerves, often of a paralytic character. As is usual in cases of amaurosis, the loss of sight was very gradual; and it was not till the end of two and a half years, that it was entirely destroyed. Simultaneously with the loss of sight, she sustained a loss of voice, which was so complete, that for fifteen months she was unable to utter a single guttural sound, and could only whisper in almost inaudible tones.

This was her state in respect to her eyes and vocal organs, when I first saw her about the middle of May last. And her general health, though somewhat improved, was still far from being good.

Considering her case as a hopeless one, arrangements had been made by her friends to send her to the Asylum for the Blind in Boston, in hopes of her being able, after finishing her education, to obtain a livelihood as a teacher in that or some other similar instruction. When on her way to Boston, she stopped for the purpose of making a visit of a few days, with some friends which she had residing in this city. Being in attendance at the time, in the family of one of her friends, I was requested to see her and examine her case, *rather* as a matter of curiosity, than from a hope that I should be able to prescribe a remedy for her deplorable malady. In the course of conversation with her, I found that all the usual means in such cases had been perseveringly employed by the most skilful physicians, without material benefit.

There being at this time a considerable excitement upon the subject of animal magnetism, and being myself engaged in investigating it with a view to its remedial effects, and having become fully convinced of its salutary influence upon some diseases, especially those of a paralytic character, it occurred to me that it might be beneficially practised in this case, upon the supposition that her complaints were dependent upon a paralysis of the nerves supplying the affected organs; and I accordingly, as a dernier resort, proposed a trial of it. The following day, having consulted her friends and obtained their consent, she desired me to make

an experiment. The first sitting occupied about forty minutes before she was thrown into a profound magnetic sleep. On this occasion, she manifested many of the usual phenomena of that state. She walked about the house, drank her tea, &c. with as much ease and confidence as she could have done, had she been in the full possession of her sight, and in a waking state.

From the time of the first experiment to the present date, being three and a half months, she has been magnetized daily, sometimes twice daily, with the exception of thirteen days at one time, and three or four at another. The number of times she has been magnetized, therefore, considerably exceeds one hundred.

The magnetic phenomena, though very astonishing at first, became more and more so from day to day. Whether it were in consequence of the magnetic state becoming more and more perfect the more she was magnetized, or whether by becoming better acquainted with the subject, we learn to elicit those phenomena with the better success, it is difficult to determine; but it is probable that it is owing to a combination of both these causes.

The somnambule, or perhaps more properly the magnetic phenomena, have been of several different kinds, and each kind manifested in several different ways. The first and most obvious of these phenomena, is what the French term *clairvoyance*; clear-sightedness, mental vision, or vision without the use of the visual organs. This wonderful power is manifested, first, in her being able to see any object that is presented to her, when in the magnetic sleep, though totally blind when awake. Experiments have been varied and multiplied almost indefinitely, to prove the existence of this power, and with entire success, as you have had frequent opportunities to witness. Objects when examined by her are never held in a direction to be seen with the eyes, but are laid down upon the top of the back part of the head, or are held a little upon one side of the back of the head, from which points she has generally seen, though the seat of vision has varied at different times. She has been able, though with more exertion, to see objects that were enclosed in boxes, trunks, and watch cases; to read letters that were folded, &c.

Secondly, this power is manifested in the ability to see objects not present—in a distant city, for instance. In the exercise of this power, another seems to be necessary; that of locomotion, as it has been called, or of transporting herself from one place to another. This she says she does through the air.

Another description of phenomena, which may be called those of intelligence, is manifested in the somnambulist's understanding the will of the magnetizer, or of the person with whom she may be in communication. To test this power, I have made a great number of experiments, which have been almost uniformly successful. She can, for instance, be willed to have in her hand various kinds of fruits, cakes, wines, animals, birds, &c.; or any other things may be changed from one to another at the will of the magnetizer. * * * * *

In conclusion, it gives me great pleasure to be enabled to say, from my own observations, that however interesting animal magnetism may be

when considered in relation to science, however interesting as matter of curiosity and wonder, or however interesting it may be as a means of discovering the condition of our absent friends, or the machinations of our enemies, it is still more interesting as the means of mitigating the sufferings incident to human nature. It will be recollected I have stated that when Miss Brackett came to this city about the middle of May last, her general health was far from being good; she was *totally* blind, and unable to speak excepting in the lowest whisper. Her condition is materially different at this time. Her health is good, her vision is partially restored, and she speaks in her natural tone of voice.

With much respect, Yours, &c.

G. CAPRON.

Mr. Thomas C. Hartshorn.

Providence, Sept. 1, 1837.

DEAR SIR—My time has been so much occupied of late, as to have rendered it impossible for me, until the present moment, to reply to your note of the 25th ult. and even now I am so circumstanced as to be unable to do more than write a very brief reply.

In conversation with Mr. Daniel Greene, of Pawtucket, who, as you probably well know, is the most powerful, as he has been the most extensive magnetizer in this country, I inquired if he were able to magnetize and thereby obtain control over a *single limb, whilst the rest of the body remained in a natural state*. He said that he had done it, in the case of Miss J. with whom you are acquainted, and would attempt it on another patient that we were going to see that afternoon, if reminded of it.

The individual alluded to had never been magnetized but three times, and did not present a very striking exemplification of the usual magnetic phenomena. After trying various experiments that consumed several hours, we left the house, having forgotten the subject matter of my interrogation. But upon recollecting it, we returned, and the patient reseatd herself upon being requested so to do, without any reason being given her for making the request.

Mr. Greene then went through the usual manipulations some dozen or twenty times, confining them to the space reaching from the top of the left shoulder, to the extremities of the fingers, on the same side. He afterwards requested her to raise the left hand to the head. She said she could not. There was evidently a powerful effort made to do this, as was shown by the working of the muscles inserted into the upper portion of the shoulder; but the limb remained powerless and motionless, not obeying the dictates of the owner's will. She was asked to raise her right arm to the head, which was done promptly and with perfect ease and freedom. Again she was directed to stretch out the left hand, but unavailingly. It was completely paralyzed; devoid of motion and of sensation. I gave it a severe pinch, nipping with the thumb and finger, as hard as I deemed it prudent to, leaving deep impressions with my nails. Upon inquiring if it did not hurt her, she, with an incredulous smile, observed that I had not done anything to her. I then, without saying anything, pinched, in the same manner, though less severely, the other hand, when she drew back from me with a sudden start and com-

plained that I hurt her. The arm, to one lifting it, was a perfect dead weight. I poised it on my fingers, and Mr. G. restored it; and there was a very marked difference in it and about it, as it passed from the magnetic to the natural state.

To a person not acquainted with the magnetizer, magnetizee, and the gentlemen present, there will of course appear nothing conclusive upon the subject of magnetism, in what is here detailed; but to those of us who had previously examined other patients, and satisfied ourselves of the existence of a power by means of which, to a certain extent, one individual may obtain mental mastery over another, the experiment was satisfactory.

Should a suitable opportunity hereafter present, I may furnish you with a statement of some singular cases which I have witnessed. In the meantime I remain,
Yours, &c. THOMAS H. WEBB.

Mr. Thomas C. Hartshorn.

ANOMALOUS CASE OF EMPYEMA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the following is worth a place in your Journal, it is at your disposal.

June 19th, I was called to Mr. C. a young man aged 22 years, a fisherman, of healthy constitution and muscular frame. He had been suffering severe pain for three days, on board of a vessel, when I first saw him. He was laboring under acute inflammation of the pleura, with the absence of cough. I bled him from both arms to almost entire relief, and, applying a large blister and ordering a cathartic, left him.

20th.—Is entirely free from pain; blister has drawn well, and the cathartic has operated satisfactorily.

21st.—Pulse are natural; ordered a laxative. 24th, dismissed him cured.

July 3d.—Was called to see him again. He had been about his business since I saw him last. To-day has but little appetite, and feels an uneasiness in the right side.

By examination I find there is considerable fluid in the chest, and diminished action of the right lung. By quick lateral motion, the fluid can be heard across the room. There is no one within a great distance with whom I can consult, and I accordingly use the most efficient means, as recommended by able writers. He continues to have no cough or nausea, but the pulse ranges from 120 to 150.

8th.—Not having seen him since the 6th, I find the increase of matter great, and the action of right lung has ceased. I decide at once upon the operation for Empyema.

The patient being seated, I made an opening between the 4th and 5th false ribs of the right side, and very little blood, but over one gallon of fluid, peculiar in appearance, and inodorous, was discharged. Some of it resembled sour milk mixed with water. About half a gallon was dis-

charged each day for the four succeeding days, and the quantity then began to diminish. After the operation, I found the right lung was either destroyed by ulceration, or had adhered so far as to prevent the ingress of air.

15th.—Appetite has been as good as I could wish from the 5th, and no nausea has ever been present. Yesterday, he having eaten some whortleberries, the discharge from the side this morning contained some of them. I could hardly believe my own eyes, until careful examination removed all doubts; for the bowels had ever been in such a state as I desired.

16th.—Yesterday some of his friends gave an orange to him; and this morning some of the seeds were discharged through his side. I was now satisfied that adhesions of the diaphragm and stomach had taken place, and ulceration of both had followed.

Twenty-three days from the operation he died, and I was denied the privilege of a post-mortem examination. It is astonishing that reasonable people will not give us a privilege to examine all cases of deep interest.

This case presents the following queries:—Why was not the matter discharged by the bowels, as they were regular from first to last? Did the stomach adhere by the first pleuritic attack? Why was there no nausea? Why did he never have any pain, after I first bled him, through the whole course of the sickness? for he always declared he felt none.

N. J. KNIGHT, M.D.

Truro, Aug. 18th, 1837.

OPIMUM IN RHEUMATISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have noticed several communications in the sixteenth volume of your Journal, and one in the present volume, upon “large doses of Opium” in Rheumatismus. The authors of those communications appear to speak in a manner, or rather to convey the idea, that the practice is original with them. However this may be, this much I know, that Dr. Tully, Professor of Theory and Practice of Physic, at the Vermont Academy of Medicine, at Castleton, in his lectures has always inculcated this method of treatment. Whoever it may be original with, is, however, of very little consequence, since it has generally been the course of practice adopted by the physicians in this region. I would not state that all pursue this, or a similar course, for I do know of one, certainly, and perhaps there may be a few others, that reprobate such a practice; but they are individuals so strongly fettered by the ancient method of treating rheumatism, that they pretend to know of none better, and of course will not adopt any other. I am in the habit of giving doses sufficient “to meet the disease,” and can say, from my own experience, that there is not another course of medication better adapted to this disease. My experience, however, is not great. I have been in practice

about five years, and during this time have met with several cases of both acute and chronic rheumatism, and have always been successful—an immediate abatement of the symptoms has followed in every case. I sometimes use gum guaiac. in combination with it, sometimes colchicum and tinct. act. racemosa, and occasionally give small doses of calomel or pl. hyd., but not often. I have invariably made use of ext. app. of liniments, as lini. volatile et tereb., or lini. volatile et ol. origani, or lini. volatile et tinct. opii, according to circumstances; venesection, rarely, if ever. Tinct. actæa I find to be a valuable remedy in the chronic variety. I commence with about 30 drops of the sat. tinct. and increase the quantity at each dose by 5 or 10 drops, until relief is obtained, which is pretty generally immediate.

You have often promised us information from Dr. Tully, and some others, but as yet they are silent. I should like to hear from Dr. T. upon the subject of Arthritis Rheumatismus. Will you not call on him for information upon this disease, with his course of treatment for this variety? Respectfully, in haste, T. GLYSSON, M.D.

Newport, Vt., Aug. 31, 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 13, 1837.

LOUISVILLE MEDICAL INSTITUTE.

FROM the Louisville (Ky.) Journal, of August 25th, we copy the following observations upon the individual qualifications of the faculty of this new medical school.

"The Managers of the LOUISVILLE MEDICAL INSTITUTE have at length completed the organization of the Faculty. Very wisely resolving to fill the several chairs with the best talents of the country, the Board have taken time to look around, and are now able to present to the public a list of names which guarantee the most eminent success of the school. The following gentlemen compose the Faculty—Drs. Caldwell, Cooke, Cobb, Flint, Yandell, Miller, and Locke.

"DR. CALDWELL occupies the chair of the *Institutes of Medicine and Clinical Practice*, which he long filled with such distinguished ability in Transylvania. Of this eminent scholar, writer, and teacher, it would be a work of supererogation to do more than announce his name. That is a tower of strength, of which any institution might be proud. He brings to the enterprise the experience of more than thirty years devoted to medical teaching, and the unabated ardor and energy of a young man.

"DR. COOKE, Professor of the *Theory and Practice of Physic*, is also too well known to require a lengthened notice. He is among the most gifted, learned, and able physicians in our country. He early distinguished himself as a writer, and a bold, successful practitioner, and for many years past has been regarded as one of the main pillars in the

Transylvania School of Medicine. His learning and ample experience render him a most important acquisition to the Institute.

"DR. COBB, late of the Medical College of Ohio, in which he has been a Professor for thirteen years of its eventful history—alone retained in every change and re-organization through which its Faculty has passed—respected and beloved by all, even in the ranks adverse to the school—a Professor, also, in at least one Eastern Medical School, and confessedly one of the most popular teachers in our country—is in the chair of *Anatomy*. Dr. Cobb possesses every quality desirable in a teacher—a minute and practical knowledge of his subject—skill and industry in his profession—a clear, impressive, and brilliant style of delivery—and an enthusiasm for his favorite science, which is a sure earnest of his attaining to yet greater eminence and usefulness. As a lecturer, scientific men travelling in Europe pronounce him equal to FARADAY, one of the most gifted men of the age.

"DR. YANDELL, the late distinguished Professor of Chemistry in the Transylvania Medical College, has been transferred to the chair of *Materia Medica* in the Louisville Institute. His fame as a popular and successful teacher is already established throughout the country upon a basis too firm to be shaken. A few years since, he was elevated to the Chemical chair of the Medical College at Lexington, and from a very low condition raised that chair to its proper standard in the estimation of the classes. His rooms were filled with students, who, imbibing from the Professor a portion of his zeal and enthusiasm, became devoted to the science. His cultivation of mind, devotion to medical philosophy, an ardent and zealous desire to extend the benefits of science, are sure guarantees, that, in the new field presented to him, he will prove an able and successful teacher. What his abilities have already enabled him to accomplish, is but an earnest of the future.

"DR. FLINT, *Professor of Surgery*, brings with him a high reputation from Boston, in which city he has been distinguished. To his professional skill, he adds the graces of a finished education, the ready and elegant use of his pen, and a polished elocution—qualities not always found in the practical surgeon.

"DR. MILLER, *Professor of Obstetrics and the Diseases of Women and Children*, is one of the most esteemed and popular physicians of our city. He was one of the earliest graduates of Transylvania, and while a pupil gave promise of the powers, with which he has since shown himself to be liberally endowed. He was first selected from among all the gifted young physicians of the West as the one most eminently qualified to become Adjunct Professor of Anatomy in the Transylvania school. Dr. Miller is a man of vigorous mind, extensive professional attainments, a ready and forcible writer, and no doubt will soon become a popular teacher.

"DR. LOCKE, *Professor of Chemistry*, is also of the Medical College of Ohio. He is justly ranked among the first of American Chemists, as well for his profound knowledge of the science, as his dexterity in manipulation and in the improvement of its apparatus.

"Such is the Faculty to which the Board have entrusted the management of our infant Institution, and we think the most sceptical must now banish all misgivings as to its speedy and complete success. We repeat, what we have often had cause to assert, that Louisville is the point towards which the eyes of medical men throughout the Valley of the

Mississippi are turned, as the site for the GREAT MEDICAL SCHOOL OF THE WEST. It is the point which concentrates the greatest number of advantages—the most accessible—growing to be the largest—abounding in all the facilities for teaching *practical medicine* in all its departments and modes—with means of subsistence as cheap as any of its sister cities—and, finally, with a spirit of liberal enterprise in which the Medical School has been more munificently endowed than any similar institution throughout our history as a nation.”

Fiske Medical Prize Questions.—The following are the questions proposed to the members of the Rhode Island Medical Society, by the Trustees of the Fiske Fund, the dissertations to be forwarded on or before the first of May next. The premium is *fifty* dollars, or a gold medal of that value.

Question 1st.—“What are the causes and nature of that disorder, incident to puerperal women, characterized by inflammation, and ulceration of the mucous membrane of the mouth and fauces, anorexia, emaciation, and diarrhœa, and which frequently terminates fatally; and what is the best mode of treatment to be employed therein?”

Question 2nd.—“What are the causes, nature and best mode of treatment of *Scarlatina Anginosa*?”

We have received the manuscript of Dr. King's essay on cholera infantum, which obtained the premium for the present year, and shall commence its publication in the *Journal* very shortly.

Diseases of China.—The latitude of China being without the tropics, it is fully as salubrious, and by no means so changeable, says a resident missionary, as England. At Canton, the summers are hot and oppressive, but the winters are cool and refreshing. In the north of China, even in the heat of summer, no inconvenience is experienced, and the thermometer in winter is frequently below zero. No particular diseases are indigenous to the Celestial Empire, and a resident on its shores has nothing to dread beyond the common ills of life, while many repair thither for the benefit of health. The Malayan Archipelago, though situated between the tropics and in the vicinity of the line, is yet, on account of its insular situation and the daily land and sea breezes, comparatively cool. Even Batavia, denominated the grave of Europeans, is decidedly more healthy than any of the Indian Presidencies.

Death in the Candle!—Some “new composition candles,” which have lately been much used in London, have been found to contain arsenic. In consequence of a garlic odor being noticed immediately after they were extinguished, several were procured from different vendors by Dr. Everitt, and the condensed smoke given out during their burning was collected and analyzed, and in every instance this metal was detected. The quantity contained in each candle was estimated to be four grains. It was probably used for the purpose of giving the candles a better appearance, and preventing the melted fat from crystallizing as it cools. The effects, in a crowded room, with a dozen of these candles burning, would probably be serious, and similar to those produced by arsenic in the stomach.

Secale Cornutum in Hemorrhages.—Several cases are related in a late German journal, in which the ergot of rye was employed successfully in arresting hemorrhage from the lungs, the stomach and uterus. The author states that two thirds of the patients who were treated with it, were quickly restored to health. If given, he says, below five-grain doses, the ergot produces little or no effect; and if the doses are carried above eight grains, it soon gives rise to more or less narcotism. He also states, in contradiction to the experience of a writer in the Boston Medical and Surgical Journal a few years since, that the powder, which he considers more efficacious than the decoction, loses a great share of its efficacy after being kept more than twelve months.

Acarus Scabiei.—Next week we shall insert in the Journal a novel article by Dr. Charles Gordon, of this city, on the *itch insect*, which he has recently examined, and which he can very satisfactorily exhibit to any gentleman who wishes to gratify his curiosity in actually seeing the true cause of the disease, vulgarly denominated *itch*, and who will call at the Skin Infirmary, No. 4 Winter Street.

Deleuze's Practical Instruction in Animal Magnetism, is a very exciting work, translated by Thomas C. Hartshorn, of Providence. A page will hereafter be devoted to a further notice. In the mean time, being on sale, we recommend it to the candid perusal of the profession.

Recovery from Hydrophobia.—On Tuesday, the 5th inst., a bheestee (water-carrier), who had been bitten three weeks before in the leg by a mad dog, was carried to the native hospital, Ceylon, about three o'clock in the afternoon, with the symptoms of hydrophobia strongly upon him. He was immediately bled to the extent of forty ounces. The symptoms of the disease yielded in succession as the blood flowed; and before the vein was closed he stretched out his hand for a cup of water, and calmly drank it off, though the mere approach of water but a few minutes before had thrown him into convulsions. After the bleeding he lay down on a cot, fell asleep, and continued so for nearly two hours. When he awoke the symptoms of the disease were threatening to return; another vein was then opened, and eight ounces more of blood were taken away, which so completely subdued the disease that he has not had a symptom of it since.

Iodine in Mercurial Salivation.—Salivation had been produced in two children, during their convalescence, by mercury which had been administered on account of inflammation of the brain. To remedy the salivation, iodine was employed; and, after its first two doses, the peculiar smell of the mouth disappeared, the flow of saliva diminished, the pains became alleviated, and the aspect of the ulcers in the mouth was improved. The children were five and seven years of age. The iodine was discontinued before any of its peculiar symptoms were produced. M. Klose thinks iodine of value in such cases; and, as the remedies with which we are at present acquainted appear to possess but little influence over mercurial salivation, when it is once established, a new remedy which promises fairly is worthy of all acceptance.—*Medicinische Zeitung*.

Miscellany.—At a meeting of the faculty, held on the 1st inst., Dr. Dunbar was unanimously elected Professor of Surgery in the Washington Medical College, of Baltimore, in place of Dr. J. P. Mettauer, who had resigned.—In the University of Virginia, the lectures will commence on the sixth of November. The faculty remain as they were the last season.—The accounts of cholera from Sicily and Naples are frightful. Trade and commerce were prostrated, though our advices by the last arrival state that the violence of the disease was abating a little. Five hundred persons had died in a day at Palermo. It is believed that the mortality in that city, by cholera, had been 19,000 from the 15th of June to the 15th of July.—John F. May, M.D., has been appointed to the professorship of Surgery in the medical department of the University of Maryland.—Dr. Hale, of Washington, operated, a few days since, on the knee joint of a young lady of Alexandria—taking off an enormous wen, which weighed seven pounds. The worst of the whole was, the operation lasted *two hours*.—Drs. Harvey, Cuyler, and Heiskell, were at Louisville a short time since, in the capacity of commissioners for selecting and locating a national marine hospital on the western waters.—Recent intelligence from New Orleans, represents the annual scourge of that city, yellow fever, to be not only very rife, but uncommonly fatal. Having many enterprising personal friends residing there, we never receive either a letter or paper from New Orleans, without fear and trembling, lest there should be an announcement of the death of some one in whom we are deeply interested. Fully persuaded as we were of the correctness of Dr. Barton's declaration in relation to the cause of the development of this terrifying disease in that place, we begin to think it is safer to be out of the way of it, than to attempt a residence where its activity is so notorious.—On the passage of a British emigrant ship, lately bound to Australasia, with Irish passengers, fifty-six died on the voyage, of ship fever. After the arrival of the vessel in port, upwards of one hundred persons, including the surgeon, were affected with the same fever.—The Committee on Prize Questions, in the New York State Medical Society, have awarded the prize to Benjamin W. McCready, M.D., of New York.

TO CORRESPONDENTS.—A Correspondent has favored the Journal with an ingenious paper, in which he believes he has solved the problem, how those under the influence of animal magnetism are enabled to perceive objects beyond the sphere of ordinary vision. It will probably be inserted next week.—Several other papers are on file for insertion.—On further consideration, we think it inexpedient to publish the communication of "*Medicus*," received some time since, and to which allusion has before been made, even with the writer's name. It would contribute, we are inclined to believe, neither to his own credit nor that of the Journal. We should be glad to hear from the writer on some other topic.—The article signed "*Amicus*" would not probably interest many of our readers, though a part of it may hereafter be inserted. The author can furnish something much better.

☞ Messrs. Carey & Hart, booksellers, Philadelphia, are authorized to receive money due for the Medical Journal.

DIED.—At Bonny, on the coast of Africa, Dr. T. H. Woodward, Naval Surgeon in the English Service, late of Dublin, aged 29.—At Manchester, Mi. (murdered) Dr. Rainey.

Whole number of deaths in Boston, for the week ending Sept. 9, 45. Males, 23—Females, 22.
 Cholera infantum, 6—dropsy on the brain, 2—cholera morbus, 1—hip disease, 1—consumption, 5—marasmus, 1—canker in the bowels, 1—dropsy in the head, 1—teething, 1—anasarca, 1—dysentery, 2—convulsions, 1—typhus fever, 1—hooping cough, 2—disease of the heart, 1—still born, 2.

COLLEGE OF PHYSICIANS AND SURGEONS of the Western District—Fairfield, Herkimer county, N. Y.—The Annual Course of Lectures will commence on the first Tuesday in October, and continue sixteen weeks. The lectures will be delivered as follows.

On Chemistry and Pharmacy, by	JAMES HADLEY, M.D.
On Anatomy and Physiology, by	JAMES McNAUGHTON, M.D.
On Materia Medica and Medical Jurisprudence, by	T. ROMEYN BECK, M.D.
On the Practice of Physic and the Diseases of Women and Children, by	JOHN DELAMATER, M.D.
On Surgery and Obstetrics, by	REUBEN D. MUSSEY, M.D.

The advanced age and increasing infirmities of Professor Willoughby, President of the College, will hardly allow him to lecture during the ensuing term, and the course formerly given by him will therefore be given by Professor Mussey.

Price of tickets for the whole course, \$56. The professors are provided with ample collections to illustrate their lectures, and every facility is afforded for the practical acquisition of the profession.

The board is as low, if not lower, than in any other village in the State. Additional information, if needed, may be obtained by applying to any of the professors. JAMES HADLEY, Register.

Aug. 16—4t

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.	Fees.
Anatomy, and the Operations of Surgery, by JOHN C. WARREN, M.D.	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, July 5, 1837. tNov. 1. WALTER CHANNING,
Dean of the Faculty of Medicine.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

Franklin Street, Nov. 9, 1836.

July 19—6m

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, Nov. 2d, 1837, and it continues seventeen weeks. The several branches are taught as follows, viz :

Principles and Practice of Surgery, by	THOMAS HUBBARD, M.D.
Theory and Practice of Medicine, by	ELI IVES, M.D.
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Yale College, Sept. 1, 1837.

Sept. 13—6t

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No 1 Montgomery Place.

Boston, Oct. 7, 1836.

tf—Oct. 19

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, SEPTEMBER 20, 1837.

[NO. 7.]

LIGATURE OF THE ARTERIA INNOMINATA.

[THE London Lancet, for June 17 and July 15, contains an interesting account of a case of aneurism of the subclavian artery treated by ligature of the arteria innominata. This dangerous operation, which was unsuccessful, was performed by Mr. Lizars, at the Edinburgh Royal Infirmary. The following is an abridged account of it, with the post-mortem appearances.]

Alexander Duncan, aged 30, a carter, admitted May 28, 1837. Fifteen months ago he met with a fall, and again another fall, on the elbow, eleven months since, which led, six weeks ago, to the appearance of a small pulsating tumor, above the clavicle, indicating aneurism of the subclavian artery, for which Mr. Lizars determined on tying the arteria innominata. The operator having arrived at the innominata, an aneurism needle was carried round it, from the right side, upwards, towards the trachea; the ligature was seized, and the artery tied. The hæmorrhage during the proceeding amounted to about two ounces.

The patient was examined about two hours after the operation, and did not present any unfavorable symptoms, excepting some pain in the course of the carotid and brachial arteries, and at about the elbow joint, which, towards evening, were attended by pain, on inspiration, in the right side of the chest. The pulse was full, and varied from 74 to 78. The pulsation in the tumor was completely suspended by the ligature of the innominata.

June 1. On the day after the operation the patient felt somewhat easy. The head is free, and a sense of suffocation, which has tormented him during the night, has gone off. He slept in the morning for a couple of hours, and passed the rest of the day without accident. The wound looked well.

3. The pulsation returned in the tumor, and a small quantity of blood distilled from the wound. The face seemed flushed, and the patient complained of the heat of the weather.

4. The pulsation in the tumor (which feels quite hard) has disappeared. He has passed three copious evacuations, and is free from uneasiness. Pulse 110, soft.

6. Patient progressing favorably. No accident has occurred.

June 8, nine days from the operation. Passed a good night, and feels quite easy; bowels regular; tongue moist, and almost clean; pulse 96,

and soft; skin cool and moist; passed about two pounds of urine last night, and the same quantity was drawn off this morning.

9. Slept well all night, and has no particular complaint. The wound looks well, and has nearly healed; it is discharging thick, healthy pus. Tongue still furred, but moist; pulse 96; skin cool; appetite good. Took a little chicken soup with relish. Does not complain of thirst.

10. Slept well, and feels quite easy this morning. Still requires to have his urine drawn off in the morning. Pulse 92, soft; tongue very nearly clean; skin cool, appetite good.

11. Passed a good night, and is in all respects the same as yesterday. Two pounds and a half of urine drawn off.

12. Did not sleep so well as usual; perspiring a great deal. Complains of slight nausea. Tongue furred; pulse 100. Has had two stools since yesterday.

13. Passed rather a restless night. Complains much of thirst. Pulse 100; tongue furred, and rather dry; skin cool and moist; bowels regular; still complains of nausea; three pounds of urine were drawn off. Habeat q. pr. calomel, 3 grains.

Vespère.—The calomel has operated three times. Vomited a good deal of bilious-looking stuff. Nausea gone; pulse 110. Feels more comfortable than he did in the morning.

14. Passed a good night, and has no particular complaint. Tongue much cleaner; skin cool and moist; very little thirst; bowels regular; appetite good. Passed two pounds of urine.

15. Passed a good night. Feels better than he has done for the last two days. Pulse 96, and soft; tongue almost clean. Takes beef-tea with relish; has had some weak bitter table-beer. The wound has healed, with the exception of a small sinus, which is discharging healthy pus in a moderate quantity, and which, it is presumptive, communicates with the ligature. Bowels regular; skin cool and moist.

16. Urine still requires to be drawn off every morning. Three pounds of urine were drawn off to-day. In all respects the same as yesterday.

Vespère, 7, P. M. On dressing the wound the knot of the ligature was found amongst the pus. (At the operation both ends of the ligature were cut away.)

June 17. 11, A. M. Passed rather a restless night, and at present complains of slight pain in the right side, and difficulty of breathing, which is much increased on taking a full inspiration; face flushed; pulse 120, full; skin hot and dry; tongue slightly loaded and dry; countenance anxious; great thirst; during the morning has been troubled with nausea and diarrhoea; urine passed naturally this morning. Apply fifteen leeches to the painful part. Three grains of calomel, one grain tartr. of antimony in an ounce of water. A table-spoonful every hour.

1, P. M. Leeches bled freely, with considerable relief; sinapism to the side.

4, P. M. Pain of side and difficulty of breathing gone; feels much easier in every respect; diarrhoea nearly ceased.

10, P. M. Feels quite easy at present; pulse 120, but soft; diarrhoea

gone; skin cooler, and more moist; countenance not so anxious; still complains of thirst.

June 18. 11, A. M. Passed a quiet night, and slept well; feels quite easy about the chest and side; face less flushed; pulse 116, soft; skin moist; a good deal of thirst and nausea; diarrhœa returned; urine naturally evacuated. Toast and tea for breakfast, with relish. Efferv. powder every hour.

6, P. M. Diarrhœa still troublesome; nausea subsided; pulse 112, soft; skin cool and moist. Anodyne lavement with 50 drops of laudanum. Omit the tartr. of antimony.

9, P. M. No motion since last report; feels quite easy; skin dry; pulse 116. Powder of ipecac. with opium, 12 grains; extract of opium, 1 grain.

June 19. 7, A. M. Has slept well all night; no return of diarrhœa; awoke this morning at seven with a severe fit of dry coughing, which caused hæmorrhage to take place from the wound. It was easily commanded with the finger, until a narrow strip of lint was stuffed into the wound, and a compress placed above it. About eight ounces of blood were lost. Pulse 110, fluttering; countenance anxious; skin dry.

12 o'clock. No return of hæmorrhage; tongue furred; pulse 120, strong and irregular. Bloodletting to 20 ounces at once. R. Extract of belladonna, one-sixth of a grain; aromatic powder, q. s.; one pill every two hours.

4, P. M. No more hæmorrhage; pulse reduced in strength, but not in quickness; blood drawn, much cupped and buffed; countenance still anxious; bowels once opened; cough harassing. R. Extract of belladonna, one-third of a grain; aromatic powder, q. s.; a pill every two hours. R. Tincture of digitalis, 10 drops; tincture of hyoscyamus, 20 drops; to be taken in a cup of water every second hour.

10, P. M. Slight oozing of blood, which was easily stopped by a little pressure for a few minutes; skin hot and dry. Dover's powder, 10 grains; opium, 1 grain. To be taken at once.

June 20. Noon. Passed a restless night; no return of hæmorrhage; passed his urine voluntarily; bowels open. Took tea and toast for breakfast. Pulse 120, soft. Continue the medicines. Belladonna plaster to the sternum.

6, P. M. Hæmorrhage commenced at 5 o'clock, P. M., which was easily commanded by pressure upon the wound, and entirely stopped by the introduction of lint. The quantity of blood lost did not exceed four ounces. Pulse 96, soft; skin cool, but dry. Dover's powder, 12 grains; opium, gr. jss. at once.

June 21. 2, A. M. Has taken some tea and toast; slept from 10, P. M., until half past 12; feels perfectly easy; skin cool and moist; pulse 106, soft; hæmorrhage again took place at a quarter past one, A. M.; the external bleeding ceased on inserting an additional piece of lint. The quantity of blood lost at this time would be between two and three ounces, but it was evident that there was *internal hæmorrhage*, from the tumefaction of the neck, and occasional spitting of mouthfuls of blood, accompanied with frequent cough, and considerable dyspnœa.

The dyspnœa gradually increased until half past one, A. M., when death closed the scene, on the twenty-first day after the operation.

Inspectio cadaveris. This had to be done privately and hurriedly, which must account for the brevity of the description. The wound of the neck was extended in every direction, and the thoracic cavity opened, when there appeared about twenty ounces of coagulated blood at the root of the neck and upper part of the right bag of the pleura, the apex of the right lung being pressed down in its cavity by the blood, for there were on this side adhesions throughout the pleura-pulmonalis with the pleura-costalis, of recent formation. The lungs of this side were apoplectic and softened. There were old adhesions on the left side, but the lungs were healthy.

The heart and arteries were healthy, with the exception of the tied point of the arteria innominata, and the aneurismal tumor of the right subclavian. The point of deligation shows the arteria anonyma separated a little in consequence of the bleeding, and there is some coagulated blood extending a very short way into the aortic portion of the innominata, and upwards into the right carotid, but none into the commencement of the subclavian. The vertebral artery, the thyroid, the internal mammary, and the transverse cervical, were all pervious without any coagula. The aneurismal tumor is collapsed, and full of coagula, as also is the subclavian, beyond it.

In concluding the history of this case we may add, that Professor Lizars is now inclined to believe, that a plan of operation more likely to succeed in a similar case would be first to tie the subclavian just at its origin from the innominata, and then to tie the carotid about an inch above its origin, with the view of allowing the formation of an internal coagulum.

ANIMAL MAGNETISM.

[Communicated for the Boston Medical and Surgical Journal.]

THE evidence in favor of Animal Magnetism accumulates on all hands. Events, which have lately transpired in a neighboring city, leave to Ridicule no excuse to amuse herself with facts, which reason cannot comprehend. The question is now, not how to change the laws which govern human belief, but to show how these surprising phenomena do not contravene anything heretofore known of the functions of the brain and nervous system ;—a necessity the more imperious, since, if the obsolete notions that the soul leaves the body and wanders through the earth, as in the Stygian shades, be revived, as there is reason to fear from the tenor of some articles in the periodical press, it is impossible to foresee what may be the consequences, even in this enlightened age, to the very constitution of civil society.

With the hope of removing the grounds of such an assumption, and, in some degree, of obviating other difficulties connected with this subject, the subjoined observations are offered. Whoever is disposed to examine them attentively, though he may think that a simpler and less abstruse

method might be taken to account for the phenomena, will admit, it is believed, both that the conclusion follows directly from the premises, while the premises are the least exceptionable of any that can be adopted.

Supposing the nervous system to be the chief medium of a subtle and elastic fluid, to which it maintains a relation analogous to that which obtains between glass or any transparent medium and light, regulating its vibrations, the white substance serving as a conductor, and the grey and white together serving as an excitor, when stimulated by the blood, all the phenomena of the mind, as external sensations, internal ideas, and volitions, may be as readily conceived to be attended with an undulatory motion in that fluid, as any other state of the brain. This ethereal fluid would then constitute the mind or soul, the brain being in all animals but the material condition necessary for its manifestation. The existence of such a fluid has been rendered almost certain by the experiments of physiologists. But I hope it will not be considered out of place to add here a few considerations, which appear to me new, and strongly confirmatory of the hypothesis.

When we observe the image formed upon the retina by an outward object, we are led to infer that the image, thus painted, has some connection with the impression produced on the mind; but the inversion of the image overturns the hypothesis. When we compare the eye of the eagle with the eye of man, in order to discover on what depends the superiority of vision of the first, we perceive no essential difference, except that its retina consists of a number of folds or lamella, giving it a great extent of surface, compared with man's. Nor can we imagine a reason for this structure, on the supposition of the image impressed on the retina being the cause of the sensation or perception of the outward object. But when we take into view the wonderful effects produced by the galvanic machine, owing simply to *extent of surface* (supposed to enable it to accumulate a great quantity of fluid), by supposing a similar fluid to accumulate on the retina, the harmony between the structure and function of the part is evident. One class of philosophers say that the mind is in proportion to the size of the brain; another, that it is in proportion to the number and depth of its convolutions. Both assertions coincide with the opinion that it corresponds with the extent of its superficies.*

It is an established fact, that the nervous chords of sensation and volition increase in size in proportion to the function they have to perform in different animals, and in different parts of the same animal. The brain, the organ of thought, is larger in man in proportion to the nerves that issue from it, than in any other animal. The optic nerve is the largest in the human body, and has the greatest number of filamentous threads. Man is the most thinking animal, and vision is the highest and most intellectual of the senses. Whatever sense is most acute, its nerve

* Some assert that the grey matter is the matrix or generator of the white; others, that it is the seat of the mind; but has not the attachment between the two its analogy in the copper and zinc plate of the galvanic battery? and may not the extent of the superficies be for the purpose of exciting a great amount of fluid?

is largest. Where muscular action is strongest, and oftenest called into exercise, there the muscular nerves are largest. Now a small nerve might transmit an idea, sensation, or volition, as well as a large one, for anything that we can see to the contrary; but when we see an electromagnet increase in power according to the number of wires that are wound round it (fac similes of nervous filaments), and are told by the natural philosopher that they serve to accumulate the fluid, the adaptation for a similar structure in the nerves, to transmit a similar fluid, is obvious.

Should we infer that this was the true function of the nervous tissue, our inference would be confirmed by the fact that the powers of the mind, of sensation, and muscular action, are strengthened by being tasked, as the strength of the magnet increases by having weights attached to it. This fluid may also vary in density, as well as quantity; or the number of particles within a given space may increase, as well as the extent of surface, giving rise to an accumulation of the fluid of the same density; and if so, the phenomena would correspond with the effects of what is called, in electricity and galvanism, increased intensity and increased quantity. What can be a more striking evidence of the circulation of a fluid which, if its existence were presumed, would be invisible, than the state of Somnambulism affords? Here, one set of nerves act with unwonted energy, while another are almost as inert as dead matter.

Believing, from such an accumulation of evidence, that we are justified in assuming this hypothesis as a ground work of reasoning, I would now proceed to show how far it is necessary to presuppose the existence of an analogous fluid without, and will first refer to the following paragraphs from Brewster's work on Optics.

"In the undulatory theory, an exceedingly thin and elastic medium, called ether, is supposed to fill all space, *and to occupy the intervals between the particles of all material bodies.* The ether must be so extremely rare as to present no appreciable resistance to the planetary bodies which move freely through it."

"The particles of this ether are, like those of air, capable of being put into vibrations by the agitation of the particles of matter, so that waves or vibrations can be propagated through it in all directions. Within refracting media it is less elastic than in vacuo, and its elasticity is less in proportion to the refractive power of the body."

"When any vibrations or undulations are propagated through this ether and reach the nerves of the retina, they excite the sensation of light, in the same manner as the sensation of sound is excited in the nerves of the ear by the undulations of the air."

"Differences of color are supposed to arise from differences in the frequency of the ethereal vibrations." * * * *

"The theory of undulations has made great progress in modern times, and derives such powerful support from an extensive class of phenomena, that it has been received by many of our most distinguished philosophers."

Every step made in the progress of science tends farther to generalize the laws which regulate the motions and affections of matter. Gravita-

tion, electricity, magnetism, light, heat, chemical attraction, have approximated so far towards unity, that it is easier to say in what they resemble each other, than to point out in what they differ. Laplace demands but a plastic ether to mould the nebulous matter, floating through space, into all the conditions which his Celestial Mechanics require for their application; while Lamarck and Sir Humphrey Davy, by a similar agency, people the earth with all the forms of animate and inanimate matter.

The number of undulations of an elastic medium, or of different elastic media impinging on each other, in a given time, increases in proportion to the density of the medium; in the same proportion, the extent of each undulation diminishes. If the undulations of a fluid in immediate contact with the retina, of which 37,640 occur in the space of an inch, and 458,000,000,000,000, occur in a second of time,* create the sensation of redness, the density of the undulating fluid without the eye may diminish indefinitely, so long as that within increases in the same ratio, and the same number of undulations be made by the one medium impinging on the other, and consequently the same sensation be excited. What is true of one, is true of all the other sensations.

Now if we suppose that ethereal fluid, which Newton thought the cause of gravitation, to be identical with that which Huygens thought the cause of light, it must act through opaque as well as transparent bodies; but as its density is less in opaque bodies, or its undulatory power weakened, the reason why it exhibits the phenomena of light in one case, and the phenomena of weight in another, would be, because the number of undulations in a given time were fewer in the latter, than in the former

* The following Table, given by Mr. Herschel, contains the principal data of the undulatory theory:—

Colors of the Spectrum.	Lengths of an Undulation in parts of an Inch in Air.	Number of Undulations in an Inch.	Number of Undulations in a Second.†
Extreme Red - - - -	0.0000266	37640	458,000,000,000,000
Red - - - - -	0.0000256	39180	477,000,000,000,000
Intermediate - - - -	0.0000246	40720	495,000,000,000,000
Orange - - - - -	0.0000240	41610	506,000,000,000,000
Intermediate - - - -	0.0000235	42510	517,000,000,000,000
Yellow - - - - -	0.0000227	44000	535,000,000,000,000
Intermediate - - - -	0.0000219	45600	555,000,000,000,000
Green - - - - -	0.0000211	47460	577,000,000,000,000
Intermediate - - - -	0.0000203	49320	600,000,000,000,000
Blue - - - - -	0.0000196	51110	622,000,000,000,000
Intermediate - - - -	0.0000189	52910	644,000,000,000,000
Indigo - - - - -	0.0000185	54070	658,000,000,000,000
Intermediate - - - -	0.0000181	55210	672,000,000,000,000
Violet - - - - -	0.0000174	57400	699,000,000,000,000
Extreme Violet - - -	0.0000167	59750	727,000,000,000,000

"From this Table," says Mr. Herschel, "we see that the sensibility of the eye is confined within much narrower limits than that of the ear; the ratio of the extreme vibrations being nearly 1.58 : 1, and therefore less than an octave, and about equal to a minor sixth. That man should be able to measure with certainty such minute portions of space and time, is not a little wonderful; for it may be observed, whatever theory of light we adopt, these periods and these spaces have a *real existence*, being in fact deduced by Newton from direct measurements, and involving nothing hypothetical but the names here given them."—*Brewster's Optics*, page 119.

† Taking the velocity of light at 192,000 miles per second.

instance. But admitting a fluid to occupy the interstices between the particles of the retina, or to cover its surface, on which the ether impinges in its vibrations, giving rise to a second series of vibrations on which the sensation immediately depends; if its density be increased (as we believe takes place in somnambulism), the number of vibrations, as we have seen, will be increased in the same ratio, and there is no inconsistency in supposing that the slow undulatory motion of gravitation without, may produce that precise number of vibrations within, which excites the sensation of redness, or any other sensation. Since, then, gravitation extends from Boston to Providence, with a power (like the law of illumination) inversely as the square of 40 miles, when it is asserted that a somnambulist in the latter place has the panorama of our city before her, and can direct her attention to any part she chooses, and describe it minutely, the fact may be explained by combining two theories, which, if not established, are at least regarded as the most plausible in physics and physiology, viz.: that which assigns light and gravitation to the undulations of a fluid pervading all space, and all matter, and that which supposes a similar fluid to circulate in the nervous system of animals. For by the nature of the fluid without, its undulatory power must be diminished, by diminished density, or, what has the same effect, by the irregular collocation of the particles of opaque matter, requiring, to produce the phenomena of light, that increased density and consequent vibratory power of the fluid within, which all the appearances in the state of somnambulism compel us to believe actually exist. It does violence to no established law, but to our preconceived notions. And it is necessary that either our preconceived notions should give way, or a mass of evidence be rejected, the most positive and authentic in kind, and constantly accumulating in degree.

It should be borne in mind, that animal magnetism is not the only subject that is inexplicable on the common notions of the animal economy. An extensive variety of facts, linked together under the terms of sympathy, of fascination, of antipathy, of irritation and counter-irritation, concerning which there is little or no doubt of their authenticity, point to the nervous system as the source of some unrevealed mode of affection. Nor should hereditary predisposition be overlooked in this connection; nor even the question of embryotic influences, against which the only substantial argument is our own ideas how Nature ought to demean herself in our presence, rather than the careful and humble observation of what she does. These words are but general terms, and, like the term inflammation, are expressive of something that lies deeper. As they are now used, they convey no more real knowledge than do the names of the genera of plants, of their properties. If we could forget these terms, when reasoning about the conditions to which they refer, and imagine the nervous chords to circulate a fluid, for which their structure is as strikingly adapted as the vascular to circulate blood, we could lose nothing of what we already know, and might, *possibly*, learn something additional.

Will the adoption of the electro-galvanic fluid explain these mysteries? To assert that it will, unerringly and immediately, would perhaps have no other effect than to expose one to ridicule. The reasoning on which

such an hypothesis must rest, is very complex in its nature. Facts are abundant, but their relations are intricate. Every argument must be grounded, not on certainty, but on the greater probability. And at first, it will be next to impossible to make due allowance for disturbing causes. Still, an approximation may be made towards estimating its bearing on most, if not all, of the functions of the animal economy. The heterogeneous mass of facts, which physiological experiments, as well as pathology, have of late years brought to light, can be simplified and reduced to some sort of order, if not actually reconciled, by this view. At present, they are a "*caput mortuum*," serving no other purpose than to perplex and disgust the student. Nor is he taught to regard them with a clearer or more favorable eye, by the disputes and not unfrequent recriminations of different professors of the healing art, even in the same college. What can afford greater evidence of the want of a more comprehensive hypothesis as a guide to their researches?

A great deal of ink has been shed to prove the danger of theory getting a-head of facts; but comparatively little, to exhibit the evil of facts getting a-head of theory. And if, by hasty generalization, Science sometimes gets along too fast, can she not, from want of it, creep at too slow a rate? Let the speculations about ghosts, hobgoblins, witchcraft, disembodied spirits, and devils at sixes and sevens, which somnambulism is calculated to revive, if its phenomena cannot be referred to natural laws, answer this question.

I cannot enlarge on these points. At some future time I may advance some reasons, why what is called the manipulatory process of magnetization is neither inconsistent with sound philosophy, nor without its analogy in other sciences. Before closing this communication, I would, however, add, that though what has been said above presupposes the fluid to exist in the nerves only, it is not necessarily confined to that part of the system. It exists in all the solids and fluids of the body, the nervous sustaining to the other tissues some such relation as the prime conductor to bodies around it, or as transparent to opaque bodies in optics,—a medium for greater density of fluid, and greater freedom of motion,—and the fluid itself may, like the cellular tissue, represent the image of the whole body: and oscillating from within outwards, and from without inwards (obeying, in these motions, the laws which in crystals regulate reflection, refraction, &c. producing so many interesting phenomena), may thus be the secondary agent, in the hands of the Creator, of the form of our bodies and bodily organs, as well as of the functions of the mind. On this hypothesis the equilibrium of fluids explains those experiments of Magendie, in which the crura of the cerebrum being cut, the animal moves forwards; the crura of the cerebellum, backwards; and the section of either one of them gives a tendency to a lateral motion. It may serve also to reconcile the views of Bell and Magendie on the one hand, and Bellingeri on the other, in regard to the function of the anterior and posterior columns of the spinal marrow. It accounts for the curvilinear course of the fibres of the brain, in the mutual action of counter-currents, and for the pons varolii, septum lucidum, fornix, mammillary eminences, the decussation of nerves; assigns a better reason for

the ganglion, or the posterior chord of the spinal nerves, than any hitherto given; and, taking the beautiful curves exhibited in crystals by polarized light as the analogical starting point, it tells why organized beings are rounded in form, instead of angular. In tetanus, palsy, catalepsy, and every variety of nervous disease, it will be found to go far towards explaining what heretofore has been considered inexplicable. Any one, at his leisure, can verify these statements. It is sufficient here to give them without tracing each individual fact to its relation with this hypothesis. But lest it might seem, at first view, that these are mere assertions, made without due examination, I will dwell for a moment on one, which, both on account of its intrinsic beauty and because it occurred to the writer as an after-thought, may be considered almost as a crucial experiment of the whole theory.

This fluid, it is supposed, by its undulations to and fro, and by its currents and counter-currents, moving through the particles of organized matter, and exerting an attraction or exciting movement among them, disposes them in the forms of our bodily organs. Now let us imagine, after the optic beds and corpora striata have been formed, two currents passing horizontally from the sides of the brain towards the centre, on the under surface of the corpus callosum; they would meet at the centre, and be deflected perpendicularly downward, in the direction of the septum lucidum. Meeting with a repulsive surface on the optic beds, the fluid would there accumulate for a moment, form the fornix, fringing its edge by its vacillations against a counter repelling fluid, with the fimbriated bodies, and be impelled, as it were, most easily in the direction of its four crura. Passing down its anterior crura, and falling perpendicularly upon another part of the fluid more dense, it would, by undulating upwards and downwards, make a cupped depression, which would serve as a mould for the mamillary eminences. An idea of this mould, one may have by blowing perpendicularly upon the surface of a fluid through a small orifice. In like manner the formation of the pineal gland, the infundibulum, the pons varolii, and the convolutions themselves, may be traced with almost mathematical certainty.

It is usual for the person who advances an hypothesis, to give his name in connection therewith. But as the publishing of my name would add nothing to the weight of the arguments which have been presented, I hope the withholding of it will not prevent their obtaining a hearing. A systematic form will be given to the views, which are here but indicated, as soon as time and circumstances permit. In the mean while, at the expense of being regarded as a visionary and enthusiast, I commit them to the candid consideration of the medical public, with a firm conviction that while the *art* of medicine progresses uniformly, but slowly, by a rational empiricism, the science itself will be revolutionized, and re-constructed on the basis of these hitherto disregarded phenomena: nay, more, that they will furnish a key to unlock the inmost recess of the labyrinth of nature, and unfold the richest field for scientific research that the mind of man has ever ventured to explore,—the one which is destined to lead him to a just estimate of his rank in the scale of being, and of his relations to all things around him, and which will enable him to unloose

the seals of the last Volume of the series of Natural Religion, and read therein that Himself and the Polypus, the Crystal and the Lily, the Earth and Chaos, the Stellar Heavens and the Nebulous Mass, are but links in one undivided chain of formation and causation, of which the different physical sciences are but the names of its integral parts. D. H.

ABDOMINAL TUMORS, CREOSOTE, &c.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—An article in your Journal relative to an operation performed by Dr. Hayward, in the instance of a large tumor “growing from the fascia of the recti muscles of the abdomen,” reminded me of a lady under my notice, who has suffered much from a large tumor of the same description, or of the same locality, but which has at present disappeared under the lancet. As the case of this lady has for some time been doubtful, and as she is not yet out of danger, it has given rise to much reflection and inquiry. She has, for a still longer period of time, experienced much inconvenience, though no great pain, from a tumor of a *sarcomatous* character, located on her neck, under the right division of the maxillary bone. The tumors were for a while thought to be similar in their nature, both presenting a peculiar hardness to the touch, but upon the disappearance of the one under the lancet, and from its discharges, and upon the continuance of the other unchanged, though under a powerful external application, it would seem that the tumors are not of the same nature. The one that has disappeared, owing to the nature of its discharges, would with difficulty be pronounced a proper meliceris tumor. There has been, in this instance, a peculiar discharge *ex ore*, as well as from the tumor externally. A conference was held with a very eminent surgeon in the neighborhood, who decided upon operating upon the tumor of the abdomen (if requested), provided it did not point *within the peritonæum*. An inquiry arises whether this is the only condition to be provided for in order to enter upon a safe operation for the removal of a tumor of this sort. The books inform us of but few operations in such cases, and no doubt they are always to be considered difficult and hazardous. This induces me to urge, or repeat the request made in your Journal, that some one, or rather Dr. Hayward himself, would favor the profession with a detail of the operation alluded to in your article. The lady above-mentioned is at this time extremely feeble and much emaciated, and fears are entertained that she may not survive so great a change in her system.

My confidence, dear sir, in *creosote*, is still unimpaired. As an external wash to an inflamed leg, it has of late superseded every other application. A worthy practitioner in my neighborhood, having been confined and prevented from practice, was induced to make trial of it in the form of an *alcoholic tincture*, and by keeping the bandage upon his leg moist with it. So far as I can judge, he has been truly elated with the effect, although he relies greatly upon the use of the bandage. For the

tooth ache, and as a *tooth wash*, I consider creosote a most invaluable article. As its name imports, it certainly has a tendency to destroy the tartar upon teeth, and also to make a desirable impression upon all fungous and unnatural excrescences. Whether it attacks the *nerve* of a tooth, in any peculiar way, so as to remove pain, is a point of inquiry. Some might allege that it *kills* the nerve, and more directly than anything else; but this is also a point of inquiry or experiment.

At my first settlement in this county (Stafford, Va.), I made up my mind to investigate, as far as possible, its botanical productions, with reference to medical science (an effort which I should be happy to see made in every county of the State); but my engagements have been such, that I have only been able to put down some general notes upon the subject. The *diseases*, also, peculiar to the county, I have wished to notice. I am more and more convinced of the importance of attending very closely to latitude and longitude, or what I will call *physico-medical localities*, in our country. Cases of *neuralgia* and *hysteria* are constantly occurring among us, of a peculiar stamp and character, and which evidently demand a peculiar treatment. A case of neuralgia lately occurred, which seemed to baffle the most judicious treatment which could be had. This was in the instance of a gentleman of wealth and high standing, who spared no expense, and who was for a while under the care of an eminent physician in Philadelphia, but all to little purpose. Much reliance at one time was placed upon strychnine, but that failed. Finally, after a severe attack of spasms, or *cramps*, he sunk under it. A softening or ramollissement of the brain is supposed to have existed, and the question arises, is there any remedy in such a case? Cases of hysteria occur, most of which, it is believed, will yield to the *spinal treatment*. A blister over the cervical vertebræ has been of essential service in removing a breast complaint, or stricture of the *mammæ*. *Cutaneous diseases*, in this region, are peculiar, and require appropriate treatment.

I close, at this time, with a little of Botany. *Apocynum*, or American ipecac., is quite common in this county, and "is found along fences and the borders of woods. The root is the part used. It is perennial, creeping, and brownish. It is a valuable emetic and hydragogue cathartic." *Sarsaparilla*, *snake-root*, and *May-apple*, though not abundant, may readily be obtained in this county. H. F.

Hartwood, Va., Sept. 12, 1837.

EFFERVESCENT DRAUGHT.

THE following agreeable form of administering iron in an effervescent draught, is given by the "*Gazetta Eclittica di Verona*."—

R. *Ferri sulphatis cristil.* ℥ij.

Sacchar. albi. ℥iij.

Ft. pulvis, et div. in chart. æqual, No. 12.

Sodæ bicarbonat. ℥ij.

Sacchar. albi. ℥iij.

Ft. p.—divide in chart. 12.

A paper of each substance is separately dissolved in half a glass of

water; the two fluids are then mixed, and the whole taken at the moment of effervescence. The chemical products are a carbonate of the protoxide of iron, sulphate of soda, and a small quantity of carbonate of soda.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 20, 1837.

NEW THEORY.

WE recommend to the special consideration of our readers, the article occupying a large part of this day's Journal. Though its professed object is to explain the phenomena of clairvoyance in somnambulism, it is evident that the writer of it makes that singular affection but the occasion for the announcement of a theory, which, supposing organized beings to be situated between two mediums highly dense and elastic, and at the same time invisible, accounts for all the diversity of form as well as function they exhibit. The principle of life is, as he conceives, a species of polarity, which prevents the two fluids from uniting while it exists; and all the internal movements of the body, caused, first, by the disturbance of the equilibrium, serve to increase the preponderance of that within over that without, while its employment in the functional acts serves to dissipate it. The different periods of life constitute different grades of habitual positive excitement through the system at large, and death is the mere restoration of the equilibrium.

Whatever may be the fate of the theory, our personal knowledge of the writer enables us to predict that it will be sustained by a weight of argument and force of illustration which are seldom met with in the support of groundless hypotheses.

PRACTICAL INSTRUCTION IN ANIMAL MAGNETISM.*

ASIDE from any particular feelings of dislike or partiality for the subject of animal magnetism, candor obliges us to acknowledge that this compact manual is a very captivating production. There is a peculiar manifestation of honesty in the author, who writes what he considers to be substantially true, without any reference to the opinions of the world. Having no guile himself, he seems to be unwilling to believe that any one else can be influenced by bad motives. Fully aware of the ridicule to which the devotees of Mesmerism have been subjected, he shows no disposition to shun the criticisms of those who have endeavored, from the very beginning, to overthrow the labors of those who are toiling in this new field of philosophy.

What are we to know of animal magnetism, unless some exertion is made to become acquainted with the facts which are continually being presented? To be so thoroughly obstinate as neither to hear, see or read, is virtually closing our eyes against the admission of those few rays

* Practical Instruction in Animal Magnetism. By J. P. F. Deleuze, with notes by the translator, Thomas C. Hartshorn. Providence: B. Cranston & Co., 1837. pp. 36, duodecimo. Part I.

of light, which men of science and of the highest respectability are concentrating for our immediate benefit. The mere act of expressing a supreme contempt for the assertions of those who have witnessed, over and over again, in different countries, precisely the same phenomena in individuals who were the subjects of this newly-discovered power, will not overthrow it, till collusion and deep hypocrisy can be found to have been at the bottom of every case, both in the operator and patient.

The translator of this work has certainly presented the profession with an uncommonly well-digested treatise, enhanced in value by his own notes and the corroborative testimony of eminent physicians. There is an orderly arrangement perceivable in it, which gives character at once to the matter, however doubtful we may be in relation to the reality of the details.

When the second part is published, which cannot be deferred very long, we have it in view to enter into a more minute consideration of the probable value of animal magnetism, as an agent in the cure of diseases. It should not be forgotten that Mr. Hartshorn's biographical sketch of the life and services of Deleuze, is worth the price of the book.

Western Journal of the Medical and Physical Sciences.—How it happens that No. 41, due in July last, should have been one month and a half on the way from Cincinnati, is more than we can divine. But better late than never. Its contents speak well for the industry of the three editors, Drs. Drake, Harrison, and Gross. Article 1st, is called *hospital reports*, which are practically useful : a series of these observations would be read with renewed pleasure and advantage. Dr. Harrison's *clinical introductory* is another equally meritorious production. This periodical is deserving of an extensive patronage, which we trust it receives.

French Medical Professors.—In the department of medicine in the Royal College, there are twenty-six professors, and each receives from government, from two to eight thousand francs a year : the students are at no expense whatever for lectures. Usually there are about five thousand medical students in Paris. To be graduated in medicine, the candidate must have received, previously, the degree of Bachelor of Arts, and also have studied four entire years. At the termination of each year, there is a public examination. Dr. Parker, now in France, writes home to his friends in Cincinnati, that the professors vary considerably in their lecture-room attractions. For example, says Dr. P., "the amphitheatre will hold from fifteen to eighteen hundred. I have seen it, at the lecture of Dumeril or Broussais, with only fifty ; while at Cruvelhier's, Andral's, Orfila's, or Margolin's, you will find the amphitheatre crowded to overflowing."

University of New York.—A writer in the Cincinnati Journal is down upon the regents for having suffered the College of Surgeons and Physicians to languish so long, when the chairs might have been well sustained. He says the true cause of its decay—for decayed it has—is owing entirely to the *ignorance* of the professors. By all appearances, the New York Medical School is in a fair way of becoming utterly extinct.

Medical Graduates in Harvard University.—The following are the medical graduates in Harvard University for the academic year, ending August, 1837.

Ezra Abbot, Jun., Dissertation on *Intermittent Fever*.
 George Atwood, *On the Skin*.
 Charles F. Barnard, A.B., *Apoplexy*.
 Henry Barnes, *Dyspepsia*.
 Gideon Forrester Barstow, A.B., *Tubercular Phthisis*.
 Elijah Whitney Carpenter, *Measles*.
 Benjamin Eddy Cotting, A.M., *Delirium Tremens*.
 Joseph Henry Dorr, Jun., A.M., *Pleurisy*.
 Hanover Dickey, Jun., *Reproduction*.
 Horace Dupee, Jun., A.M., *Cancer*.
 Hervey Wallace Eaton, A.B., *Bloodletting*.
 John Warren Gorham, A.M., *Pericarditis*.
 Stephen Madison Gale, *Acute Inflammation*.
 Clarendon Gorham Holbrook, *Treatment of Fever*.
 Thomas Phillips Jackson, *Ascites*.
 William Lebanon, *Animal Heat*.
 Simeon Palmer, Jun., *Asthma*.
 William P. Richardson, A.M., *Insanity*.
 Joseph Sargent, A.M., *Cicatrizition of Tuberculous Cavities in the*
 Alvan Smith, *Scarlatina*. [Lungs].
 Edward Spalding, A.B., *Diagnosis*.
 Hiram Bradbury Tebbetts, *Hemoptysis*.
 Charles Thacher, *Diseases of Bones*.
 Charles Eliot Ware, A.M., *Influence of Temperature on Mortality*.
 Henry Wheatland, A.M., *Natural History of Respiration*.
 Charles Henry Wheelwright, *Unimpregnated Uterus*.
 Cristopher Minot Weld, A.M., *On the Liver*.
 Lemuel Williams Washburn, A.M., *Typhus*.
 Jeffries Wyman, A.M., *On the Eye*.
 Morrill Wyman, A.M., *Ventilation of Hospitals*.
 Richard Sharpe Young, A.M., *Aneurism*.
 W. CHANNING, *Dean of the Faculty of Medicine*.

Medical Degrees.—At the late Commencement at Bowdoin College, the degree of M.D. was conferred on 33 young gentlemen. The honorary degree was conferred on Levi J. Ham, of Newfield, Me.

TO CORRESPONDENTS, &c.—The communication on the *itch insect*, promised for the present No. of the Journal, was not received in season to be inserted this week.

Gentlemen having books belonging to the Editor of the Medical Journal, are earnestly requested to return them forthwith to the Journal Office, corner of Washington and Franklin Streets.

We shall be very happy to accommodate "H. F.," with regard to the payment of his subscription, in the manner proposed in his letter.

DIED.—Near Rodney, Mi., Dr. Rush Nutt, aged 57.—At South Reading, Mass., Dr. Nathan Richardson, aged 56.

Whole number of deaths in Boston, for the week ending Sept. 16, 50. Males, 25—Females, 25.

Cholera infantum, 2—teething, 1—accidental, 1—fits, 1—chronic diarrhea, 2—cholera morbus, 3—angina pectoris, 1—disease of the heart, 1—canker, 1—child bed fever, 2—indammation, 1—rupture of the liver, 1—spasms, 1—consumption, 4—hooping cough, 1—infantile, 2—dysentery, 1—dropsy on the brain, 2—disease of the head, 1—dropsy in the head, 1—typhus fever, 1—tuberculous enteritis, 1.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.	GEORGE C. SHATTUCK, M.D.	GEORGE HAYWARD, M.D.
RUFUS WYMAN, M.D.	JACOB BIGELOW, M.D.	ENOCH HALE, M.D.
JOHN RANDALL, M.D.	WALTER CHANNING, M.D.	JOHN WARE, M.D.

At the annual meeting of the Committee on Wednesday, August 2, 1837, a premium of fifty dollars, or a gold medal of that value, was awarded to OLIVER WENDELL HOLMES, M.D. of Boston, for a dissertation on the question, "What is the nature of Neuralgia, and what is the best mode of treating it?" A similar premium, of the same value, was at the same time awarded to Dr. Holmes for a dissertation on the question, "To what extent, and in what places, has intermittent fever been indigenous in New England?"

The following Prize Questions for the year 1838 are before the public, viz.:

1st. "What are the anatomical characters of Typhous Fever, and what is the best mode of treating this disease?"

2d. "What are the causes, seat, and proper treatment of Erysipelatous Inflammation? (*Erythema Erysipelatosum* of GOOD.)"

Dissertations on these subjects must be transmitted, post-paid, to JOHN C. WARREN, M.D. Boston, on or before the first Wednesday of April, 1838.

The following questions are now offered for the year 1839, viz.:

1st. "The pathology and treatment of Rheumatism."

2d. "What is Scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1839.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, August 3, 1837.

A9-4t

ENOCH HALE, Secretary.

Publishers of newspapers and medical journals throughout the United States, are respectfully requested to give the above an insertion.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in *two* Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

A STATED Meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, Pearl Street, on WEDNESDAY, 4th of October next, at 11 o'clock, A. M. Sept. 20—tm. JOHN HOMANS, Rec. Sec'ry.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, Nov. 2d, 1837, and it continues seventeen weeks. The several branches are taught as follows, viz.:

Principles and Practice of Surgery, by	- - - -	THOMAS HUBBARD, M.D.
Theory and Practice of Medicine, by	- - - -	ELI IVES, M.D.
Chemistry and Pharmacy, by	- - - -	BENJAMIN SILLIMAN, M.D. and LL. D.
Materia Medica and Therapeutics, by	- - - -	WILLIAM TULLY, M.D.
Anatomy and Physiology, by	- - - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - - -	TIMOTHY P. BEERS, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each; and for Obstetrics, \$6—amounting to \$76—the whole to be paid in advance. The graduation fee is \$15.

Yale College, Sept. 1, 1837.

Sept. 13—6t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVII.]

WEDNESDAY, SEPTEMBER 27, 1837.

[NO. 8.]

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND
MEDICAL SOCIETY.

NO. III. — BY DAVID KING, JR. M.D., NEWPORT.

[Communicated for the Boston Medical and Surgical Journal.]

At a meeting of the FISKE FUND TRUSTEES, held at *Newport, R. I.*, on the 27th day of June, A. D. 1837, it was decided that the Dissertation bearing the motto, "*Duo in morbis præstanda sunt; adjuvare, aut saltem non nocere,*" and which, on breaking the seal of the accompanying letter, was found to be written by David King, Jr. M.D., of Newport, was entitled to the premium of *forty dollars* offered for the best Dissertation on the question, "What are the causes and nature of Cholera Infantum, and the best mode of treatment to be employed therein?" In awarding the premium to this Dissertation, neither the Trustees nor the Rhode Island Medical Society hold themselves responsible for the doctrines herein inculcated, treatment recommended, or opinions advanced.

Signed,

{ CHARLES E. ELDRIDGE,
SAMUEL WEST,
WILLIAM G. SHAW.

"What are the causes and nature of CHOLERA INFANTUM, and the best mode of treatment to be employed therein?"

CHOLERA INFANTUM has not hitherto received that attention which its prevalence and fatality demand. Its literary history includes only the recorded experience of a few medical observers, whose researches tend more to illustrate the symptoms and progress of the disease, than to unfold its pathological states and relations. Its attacks are almost entirely confined to teething children, especially during the period which intervenes between their fifth and twentieth month. It prevails, during the warm season, in the large towns of Europe and the United States, and in climates within the tropics. In the United States, its prevalence is mostly confined to large and crowded cities, between the months of May and October. In the country it seldom makes its appearance, except occasionally in villages where the houses are very compact, or in localities rendered unhealthy by their moisture and low situation. It commences in the southern States, the Carolinas, Alabama, Louisiana and Mississippi, in April or May; in Pennsylvania, Maryland, Virginia, Kentucky and Ohio, in June; in New England, in August, where the disease is most frequent in September.

Its fatality is very marked; it being about one fourth of all the deaths among children in our large cities. Its ravages seem to increase, as we approach towards the equator. In the city of Philadelphia, the average

number of deaths, among children under two years of age, is two hundred annually. In 1823, two hundred and fifty children died of cholera infantum in Baltimore. In Cincinnati, its fatality is very great. Dr. Cartwright remarks, that the traveller, on visiting the burial places of that city, is astonished at the immense number of children's graves.

Cholera infantum most commonly commences with vomitings and purgings, which are associated with high febrile excitement. Diarrhœa, in some instances, precedes, for several days, the occurrence of vomiting, but most frequently they occur simultaneously, or alternate with each other. Functional disturbance of the nervous system, and slight irritation of the mucous membrane of the alimentary canal, usually precede the vomitings and purgings. The matters vomited consist, at first, of a greenish or yellow fluid, and afterwards of a frothy mucus, and of drinks that may be given to the patient. The alvine discharges occur from three to twenty times in the course of twenty-four hours. The dejections vary in appearance, sometimes consisting of an abundant secretion of mucus, slightly tinged with bile, and mixed with pieces of curd, if the child have been fed on milk; sometimes they consist of a copious exhalation of serum, containing small portions of mucus; sometimes they are slimy and bloody, without any tinge of bile. The fæcal matter is mostly retained in the intestines; small portions of it occasionally escape with the other discharges. The discharges want the true fæcal smell; they are, mostly, sour or putrid, like water in which putrid meat has been washed. As the disease advances, the secretion of bile is suspended.

This irritability of the alimentary canal is accompanied by a remittent fever, whose exacerbations are highest in the evening. The patient is restless and irritable. The pulse is small, quick, and frequent, sometimes corded. The thirst is intense, in all stages of the disease. The tongue is covered at first with a thin white fur, but gradually acquires a dry, red, and polished appearance, particularly when the disease is prolonged.

The patient evidently experiences the same indescribable distress about the epigastric and præcordial regions, which is felt in the cholera of adults. In severe cases, spasms occur in the abdominal muscles, and in the muscles of the extremities. The patient draws up his feet, and is uneasy in every position.

The brain is, early, sympathetically affected, as indicated by a tendency to stupor or delirium. The eyes are either fierce, or dull and inanimate, and the patient sleeps with them half open. The head and abdomen are hot, while the extremities are cold.

In the most violent form of the disease, the vital powers are suddenly exhausted, the extremities become cold and damp, the surface of the body collapsed, and death ensues within a single day. Fatal exhaustion rarely occurs, however, before the fifth or sixth day.

In many cases, the vomiting and severe symptoms gradually diminish, a general moisture of the skin and an equal distribution of temperature ensue, and convalescence begins in five or six days from the commencement. If convalescence do not occur in a few days, rapid emaciation takes place. The whole adipose substance appears to be absorbed. The skin is dry and harsh; on the forehead it appears tight, as if bound to

the bone; on the inner part of the thighs, and over the abdomen, it has a wilted appearance. The countenance is contracted, and of a deadly paleness. The nose is sharp, and the lips thin and shrivelled, as in old age. The extremities are cold and damp, and the head and abdomen preternaturally hot. The thirst is excessive, and the desire of cold drinks constant. The irritability of the stomach is so great, that cold water, the only drink which the patient does not refuse, is retained but a few moments after being taken. The disease may continue thus for many weeks, and yet recovery may occur from such excessive exhaustion and emaciation.

Frequently, a fatal termination is produced by the affection of the brain, which assumes the form of acute hydrocephalus. The little patient rolls his head about when awake; when asleep, the eyelids are half closed and the eyes turned up. He gradually sinks into a state of insensibility, so that, as noticed by Dr. Rush, flies alight on the eyes when open, without exciting a movement of the eyelids for their removal. Death generally occurs in a paroxysm of convulsions.

Another termination results in the more protracted forms of the complaint. The disease seems to fix with a firmer grasp upon the intestines. The alvine discharges are dark and offensive, and so acrid as to excoriate the parts about the anus. The function of digestion is suspended, and the ingesta pass through the intestines in an unaltered state. The thirst is excessive. Aphthæ appear on the tongue and inside of the cheeks, and purple spots on various parts of the skin. The face and feet become œdematous; the abdomen tympanitic; the patient dies in a comatose state.

Prognosis.—The prognosis is very uncertain in this disease. A favorable issue may be expected when the liver resumes its functions, and the alvine discharges assume a natural appearance. The renewed secretion of bile, causing dark bilious discharges; a uniform moisture of the skin, and a natural temperature equally diffused over the surface of the body; the cessation of the irritability of the stomach and bowels, of the fever, and cerebral disturbance, are among the favorable prognostics. An increase of the cerebral symptoms, of the restlessness and spasms; convulsions, extreme nervous sensibility, or coma; a small thready pulse; hurried respiration; constant vomiting; watery, greasy, reddish, and dark flocculose discharges; stools of pink-colored margin; cold clammy surface, and haggard countenance, are among the principal unfavorable signs. Dr. Dewees notices, as fatal signs—the appearance upon the chest of a crystalline eruption, consisting of an immense number of watery vesicles; live worms crawling from the throat, and the thrusting of the hand or fingers into the back part of the mouth, as if to remove something from the throat. Dr. Rush says, “An emaciation of the body to such a degree as that the bones come through the skin, livid spots, a singultus, convulsions, a strongly-marked Hippocratic countenance, and a sore mouth,” generally precede the fatal termination of this disorder.

Diagnosis.—The disease can rarely be mistaken for other intestinal diseases of infancy. Dr. Jackson says that the disease has been sometimes confounded with an affection of children previous to the age of

dentition; arising from some error in diet, or from general debility and indigestion, in the nurse; the alvine discharges being frequent, and consisting partly of fecal-matter, and partly of mucus colored with green bile, of curdled milk, and a watery fluid. This disease is readily distinguished from cholera infantum, by the want of that constitutional disturbance which interrupts the growth and vigor of the body.

Causes of Cholera Infantum.—In the first place, this disease has a specific miasmatic cause. Most endemic maladies, probably, arise from some emanation from the soil, owing to the dissolution of animal and vegetable matter. We know not the nature of these miasms, because they are beyond the reach of our senses and the analyzing processes of art. It is probable, however, that, at first, the animal and vegetable matter is decomposed into atoms of effluvia; and that these atoms of effluvia enter, afterwards, into those peculiar combinations which constitute specific miasms. Our knowledge of the origin of febrile miasm consists, chiefly, in the established fact, that for its production are required a combination of four elements—animal or vegetable matter, atmospheric air, a high temperature, and water in a moderate quantity. But the circumstances of temperature and moisture, elevation, texture and depth of soil, which determine the specific form of the febrile miasm, are beyond the reach of our observation and experiment. We do not know all the combined causes required to produce “hepatitis on the coast of Coromandel, elephantiasis in Malabar, beriberi in Ceylon, Barbadoes leg in the Antilles, goitre among the Alps, the plica in Poland, cretinism in the Vallais,” or cholera infantum in the large cities of the United States. The existence of the febrile miasm, producing cholera infantum, is known by its effects. It is confined to particular localities, supplied with materials for the production of miasm. Were the disease attributable to common causes, as heat, moisture, and atmospheric vicissitudes, this pestis infantum would be a pervading disease, through the whole range of the United States. But its great source is to be found, only, in our large cities, where heat, moisture, a semi-stagnant atmosphere, and filth, or animal and vegetable remains, spread over a large surface, readily produce the *malarious emanation*.

Dr. Eberle has offered two objections to the malarious origin of cholera infantum. 1st. Its occurrence is almost exclusively confined to the period during which the process of primary dentition is going on. 2d. In the eastern cities of America, particularly in Philadelphia, it often prevails extensively during the months of June and July, some time before the ordinary miasmatic diseases are wont to make their appearance in our climate. To the first objection, we answer, that it is not unphilosophical to suppose that a febrile miasm may be injurious during the first two years of infancy, and that the increased stability and firmness of the constitution may, afterwards, resist its deleterious effects. The second objection involves an assumption of knowledge to which medical science has not yet attained. We do not know the exact periods of time required for the production of different febrile miasms. The miasm of yellow fever requires the continuance of tropical heat, at least for a

month.* The miasm of cholera infantum may require a less degree of heat, for a comparatively short period.

Among the concurrent causes of this disease, we may mention the age of the patient, dentition, high atmospheric temperature, impure air, atmospherical vicissitudes, and errors in diet, with premature weaning.

1st. *The Age of the Patient.*—The animal organism is, as yet, in the progress of development. The nervous system is in a state of growth, and undergoing those secret changes of nutrition, by which its organization is to be completed. The process of nutrition causes to be centred, there, a full supply of blood, and a high degree of vascular action. The mucous membranes are undoubtedly in a comparatively imperfect state, in regard to their organization. Their consistence is so soft as to be readily scraped off after death, in the form of a pulp. When their organization is completed, they probably possess sufficient tenacity to be dissected off as distinct membranes. The functions depending, for the regularity of their performance, on the condition of the several structures, are liable, at this period, from comparatively slight causes, to be exalted from a physiological to a pathological state. The vis conservatrix naturæ, the power, which, in the perfect state of the animal organism, maintains an equilibrium in the distribution of the vital forces, opposes, in the irritable state of infancy, but a feeble effort to the action of febrile miasm.

2d. *Dentition* is so marked an agent in the production of this disease, that some writers have thought it a necessary cause. But the fact that the cholera infantum occurs, occasionally, after the period of primary dentition, renders it unphilosophical to consider it in any other view than as a concurrent cause. Dentition, in some rare cases, causes no general disturbance of the system, and simply excites an increased secretion of saliva, and perhaps of the pancreatic fluid. In most cases, it causes a morbid irritability through the whole frame, and kindles disease in those structures which are in a state of growth, especially the nervous system and the mucous membranes. Its chief agency is exhibited in associating together diseases of the nervous centres with diseases of the alimentary canal. Hence in cholera infantum it acts by producing a primary cerebral irritation, and a consequent irritability of the stomach and bowels. Constitutional irritation from teething occurs, chiefly, during the period between the fifth and twentieth month. Hence the prevalence of cholera infantum during this period of infantile life.

3d. *High Atmospheric Temperature.*—This disease occurs, only, during the warm season in temperate regions. Its prevalence and fatality are very marked in warm climates. Dr. Dunglison, in his work on Hygiene, explains the morbid influence of an elevated temperature on the animal economy, in the following manner: "The constant evaporation by the cutaneous and pulmonary transpiration maintains the absorbents of the intestines in a state of irregular erethism, which predisposes them to a morbid condition." High ranges of atmospheric temperature, without doubt, have a tendency to maintain the functions of the skin, the

* Caldwell on Malaria.

liver, and the absorbents of the intestinal canal, particularly the upper part, in a state of constant excitement. The pulmonary function, also, is not properly performed in high states of temperature. The blood, not undergoing its salutary changes in the lungs, becomes a powerful agent of disease. The morbid matters, retained in the blood from the imperfect exercise of the depurating organs, are carried, by the vascular system, to the seats of irritation, established by the concurrent causes of the disease.

4th. *Impure Air*.—The impure air of cities, independent of the specific miasm, predisposes the system to the disease. It acts through the medium of respiration, contaminating the blood, and lowering the general tone of the system. In the narrow lanes and alleys, and in the filthy and crowded habitations, of our large cities, the morbid agency of impure air is seen in the great prevalence of this disease. Dr. Parrish has well described its effects. "Let any one take a walk, in a summer morning, through the thickly built lanes and alleys of Philadelphia, and he will be struck with the appearance of the children reclining their heads, as if exhausted, upon the breast of their mothers, with a pale and languid countenance, a cool and clammy skin, a shrunk neck, and other signs of debility, arising from their confinement, during the night, to close and hot apartments." The prevalence of an epidemic principle seems to increase the mortality of the disease. Thus, during the prevalence of the malignant cholera, the number of deaths from cholera infantum, in Philadelphia, was as follows, according to the tables of Dr. Emerson.

	June.	July.	August.	Total.
1831.	45	132	82	259
1832.	25	134	157	316

5th. *Atmospherical Vicissitudes*.—The infantile system, exhausted and irritated by heat, dentition, and impure air, is extremely susceptible to the influence of atmospherical impressions. The cutaneous exhalents, debilitated by over-excitement, fall readily into a state of collapse, on the sudden application of cold or moisture; especially at night, during the inaction of sleep. The suppression of the cutaneous function destroys the balance of the circulation, and determines the blood to the internal organs.

6th. *Errors in Diet*.—The digestive mucous membrane, from its delicate, and perhaps imperfect texture, is liable, during the period of dentition, to morbid action. Nature has specially protected it from irritation by two expedients: 1st. A secretion of mucus, which lines the internal surface of the alimentary canal. 2d. The milk of the mother, the blandest and most digestible nourishment. Premature weaning, by substituting an artificial diet for that which Nature has appropriated to the infant, produces febrile disturbance and irritation of the digestive mucous surface. Hence the diarrhoea of teething children often follows weaning at an improper age or season. The following valuable remarks, by Dr. Jackson, are worthy of attention. "Children are benefited by living principally on the breast for twelve months; their vigor is evidently impaired, in almost all cases, when they are nursed less than nine months. The

safest period of the year for weaning, is from the middle of October to the middle of March; provided they be not weaned under ten months, after December; under eleven, after January; nor under twelve, after February. Children who are weaned at the age of twelve months in March, are ordinarily safe; those who are weaned at this age in April are less so, one half of them suffering severely in the subsequent summer or autumn. In May the danger increases; and in the four subsequent months, if a child of any age be weaned, it will in most cases be very sick before the middle of the October ensuing."* In children, who have been weaned at the improper age and season, food of difficult digestion, and overfeeding, frequently cause disordered function of the digestive organs.

[To be continued.]

SOME OBSERVATIONS ON THE ITCH INSECT.

BY CHARLES GORDON, M.D. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE existence of an insect, in the disease vulgarly denoted the *itch*, has been a subject of much controversy. The earliest medical writers allude to it only as a popular opinion, not entertained by the learned. According to Bateman, the earliest record of this insect by a medical author, was made in the 12th century, by Avanzoin, an Arabian. Afterwards, it was described in the 17th century by Mouffat, an English writer. Still later, Redi and Bononio, Italian physicians, published very minute descriptions of its physical character. Linnæus gave it the scientific name of *Acarus Scabiei*; but at a subsequent period, finding a very strong resemblance between this insect and the grub of cheese, he classed them as the same variety. This opinion was entertained until 1812, when Galès, an apothecary at the St. Louis Hospital at Paris, made some very interesting researches, and clearly pointed out the differences between these insects. His researches were submitted to the members of the Institute and of the School of Medicine, who, being convinced of their correctness, declared that the existence of the *acarus* was placed beyond all doubt. Again, in 1818, it became a matter of dispute among the most skilful observers, whose examinations had been unsuccessful. It eluded the search of Alibert, Lugol, and Bielt, who therefore denied its existence, and, reviving the opinion of Linnæus, declared that the insect which had been produced, and believed by the members of the Institute to have been found in this disease, was the grub of cheese. So confidently did Lugol receive this opinion, that he offered 300 francs to any one who should take the insect from a patient before his own eyes. Thus the matter rested from 1828 to 1834, when M. Renucci, a Corsican, who was familiar with the situation of the insect, from having repeatedly extracted it in his own country, where indeed the peasants themselves removed it with the greatest facility, extracted several in the presence of many professors and students at St. Louis. He received the reward of

* Remarks on the morbid effects of Dentition, by Dr. James Jackson. New England Journal of Medicine and Surgery, Vol. I. p. 18.

Lugol, and had the honor of having established the existence of the acarus in the itch as an article of medical faith in the minds of the sceptical professors of Paris.

This insect is exceedingly small. "In actual size, it is about that of a mark left on paper by the gentle insertion of the point of a fine needle." It is a mere white speck, the form of which even cannot be made out. Seen through a microscope, its physical characters may be quite distinctly traced. For want of an instrument of sufficient power, I am unable to verify the minute descriptions made by M. Raspail and others. Its shape is similar to that of a turtle. It is very hard, being with difficulty penetrated with the point of a needle; its back is rough and uneven, resembling considerably the surface of a scale of a fish. It has a head and eight feet,—four anterior and four posterior, of similar organization. From the posterior part of the body extend, backwards, eight stiff hairs, four of which are connected with the hind feet, and the other four are attached to as many small eminences on the inferior surface. For a scientific and more minute description, the reader is referred to a Memoir of M. Raspail, published at Paris, in 1834; a part of which may be found in the chapter on Parasitic Animals, in the 3d volume of the work of Rayer on Diseases of the Skin.

The acarus is seldom found in the vesicles, a circumstance which probably accounts for the failure of those who have sought for it in vain, and consequently denied its existence. Its situation is a little distance from the vesicles, at the termination of a black line leading from them. This line, when examined with a lens, appears to be made by the insect in its passage from the vesicle, by dividing the epidermis, or by destroying it. The adhesion of the dirt to this line gives it the black appearance, and makes it distinct. That this black line is made in this way, appears reasonable from the fact that it is very seldom, if ever, found on the arms or body, which are covered from the dirt. It has been remarked that the number of insects is much smaller than the number of vesicles. On the hands this is not true; on the arms and body it appears to be so. But there is no reason why the insect should not exist on any part where the vesicles appear. I have, however, never been able to find one on the body, a circumstance accounted for by the impossibility of discovering its course and situation. By carefully picking at the termination of the line with a pin, the insect may be readily removed; it clings closely to the pin, and may be safely carried a considerable distance.

The relation of the acarus to the development and propagation of the itch, is an important practical inquiry. Dr. Good regarded it as a consequence and not a cause of the disease, and explains its production by supposing that the weakness of the skin, caused by the disease, renders it a "suitable nidus for worms and insects to burrow in." This opinion is very unsatisfactory; for the functions of the skin are much more deranged and weakened by other eruptions than by the itch, especially by many of the pustular forms, without the production of such insects; and the secretions are also much less abundant and foul, and therefore less likely to make a suitable nidus for them. In 1834, a student of St. Louis Hos-

pital confined several of the insects underneath a watch crystal. A development of characteristic vesicles was produced in a few days, attended with intolerable itching. This experiment is conclusive, and establishes beyond doubt the power of the insect to develop the disease. The itch has been always considered to be eminently contagious; owing, of course, to the contact of the fluid of the vesicle with the body. This may be one way of communication, when the fluid is applied in a fresh state; but it must be a very uncertain one, and insufficient to account for the facility with which it sometimes spreads—for the absorbent power of the epidermis is very slow and uncertain, unaided by a certain degree of heat and sufficient moisture. One of the most common ways of taking the disease is by sleeping in a bed which had been occupied by a person affected. The fluid of the vesicles, in a dry state on the bed-clothes, could not be readily absorbed, notwithstanding the favorable conditions of the warmth of the bed and the perspiration of the body. The matter from a chancre or a bubo very frequently gets on the clothing of a patient, but the development of a chancre in this way has never been remarked. The escape of the insect in the bed is certainly the most rational and the most direct way of accounting for the communication of the disease. At the St. Louis Hospital, I have been very often surrounded by a dozen patients with the itch, and while searching for the insect have repeatedly held their hands in my own a long time, and touched very often the parts affected, without ever taking it.

From these facts, I have been led to doubt that the itch is a contagious disease, in the strict sense of the term—that it is communicated by the mere contact of the fluid of the vesicle with the surface of the body. Perhaps it may be inoculated, in the manner of the vaccine virus, by inserting the fluid underneath the epidermis. I shall improve the earliest opportunity to make the experiment of inoculation upon myself.

The propagation of the itch by the insect is unquestionable; but whether it is the only cause of its communication, is a question which I shall endeavor to settle, by positive experiments, at a future time.

MESMERISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It was my misfortune to be educated in the old school of theology, politics, and medicine; so that it is with extreme difficulty that I have been able to divest myself of opinions, which I imbibed nearly as early as my mother's milk. But it is impossible to resist the everwhelming evidence of facts. Indeed, as new converts are always zealous, it is possible that I may have vibrated from one extreme to the other. I formerly believed in the imperfection and limited powers of human nature; but now I have full faith in the doctrine of the perfectibility of man.

I was always sensible that the compass, gunpowder, printing, the telescope, the mathematics, the discovery of the circulation of the blood, with the addition of chemistry and several other arts and sciences, had

elevated the moderns far above the ancients. But these were only distant approximations, and there was a wide space between our acquirements and absolute perfection. In our day, the application of steam, and the discoveries of homœopathy and phrenology, rather shook my faith. Hahnemann revealed that the duodecillionth part of a grain or drop of medicine is more efficacious than an ordinary full dose; and phrenology taught that it is only necessary to examine the head of a child, to enable us to give him an education exactly suited to his powers, so as to fit him for his proper employment.

It was reserved for animal magnetism to crown the climax, and demonstrate the unlimited capacity of man for improvement. As respects its possessor, it gives him universal knowledge, with little short of ubiquity of person. As knowledge is power, the energy and capacity of man will be hereafter unlimited. This discovery, alone, far exceeds all the other improvements and advantages which the moderns possess over the ancients. Its incomparable benefits are so numerous and so extensive, that I am able to glance at only a very small part of them, in one short essay.

In the first place, as respects public affairs, it will be an omnipotent political engine. The Secretary of the Treasury will have only to procure a sufficient number of magnetized clerks, and while they sit in his office, set them to examine all the vaults and iron chests in the Union, to ascertain every dollar of specie in the country. There can nothing be secreted from their all-searching mental eyes. The assessors of taxes, by the same means, can read every bond and mortgage, and estimate, to a cent, how much a miser is worth. The Secretary of War may direct his clerks to point out every swamp, cave, or hollow tree, in which a single Indian is concealed; or, if he pleases to be himself magnetized, he may overlook every battle, and see who does his duty. Every gun and every round of ammunition might be counted, and an adequate force at once be sent to overpower the enemy. Upon this principle, the Florida war might have terminated in three months, instead of three years. The Secretary of State may read all the despatches from foreign countries, before they are committed to the messengers, or are even sealed. He may be personally present at the meeting of every secret caucus or cabal, and no plot, to which he might turn his attention, could escape his notice.

Animal magnetism will be of inestimable benefit to morals. The profligate son may always be under the inspection of his father, into whatever company he goes; and the jealous wife may always have an eye upon her unfaithful husband.

There will be a complete revolution in every science and art. The mineralogist, sitting by his fireside, can explore every mine in the country; and the botanist, at home, can examine the flora of any section of the globe. I am not quite certain whether the magnetic influence extends to other planets, so as to enable the astronomer, as with the fabulous telescope of Sir John Herschel, to see the inhabitants and their occupations; but he can certainly see everything passing on earth, without a telescope.

But, after all, the greatest improvement will probably be in our pro-

fession ; and there can be no doubt that it will hereafter be highly criminal for any one to pretend to practise physic, who has not been magnetized. It will entirely reverse the method of acquiring medical knowledge. The common way of studying anatomy will be absolutely dispensed with ; for, as the student can look through all the internal parts of the body at a glance, there will be no further use for dissections and anatomical preparations. The French surgeon may dispense with his *speculum*, and every disgusting manual examination will be avoided. In a word, every person to whom the physician turns his eye, is a substitute for the dead subject. Further : in all cases that do not require manual application, it is needless to visit the patient at all. The practitioner can examine him and make the prescription in his office, without exposing himself to the miasm of the sick room, or going abroad in all kinds of weather.

The first thing, therefore, for the medical student to do, is to go to Providence, and be magnetized. There must be a very culpable negligence somewhere, or this miraculous art, which has been discovered and reduced to system more than fifty years, would never have advanced so slowly. By this time, the whole world ought to have been renovated. What a pity it is that our Generals had not been magnetized, before the Florida war.

But it is useless to lament past omissions. We have now only to exert ourselves, to diffuse far and wide this divine art. Let the magnetizers only exhibit half the spirit of the phrenologists, lecture in every town, and form magnetic associations in every county, and a universal reform will be soon effected. All wars must cease, because each party will see and know every preparation and movement of the other. The latent causes of disease will be exposed and avoided, so that the sick will soon disappear.

The first measure of the present extra Congress ought to be, to put in requisition all the magnetizers in the country, and set them to look up our lost money and credit. There should be, at least, one magnetic professor in every port, with an honorable salary, to inform the merchants what is wanting in foreign countries, and where to make profitable shipments. By the same means, the merchant could know the quantity of foreign commodities that are still on hand at home, and regulate his imports accordingly. All complaints of over-trading would then be silenced.

I well know that it takes some time to remove old habits and prejudices, and to introduce a new system of improvement ; but animal magnetism is all important, so that no delay is justifiable. It is inconceivable why the magnetizers should confine their operations to a few nervous women ; and it is still more unaccountable why the magnetized should restrict themselves to a few curious experiments, which rather excite a curiosity for the wonderful, than produce any practical utility. Why is not every disease within their reach cured ? Why is not every shipper informed, the moment when his vessel is wrecked ? Why is not the anxiety of the parent relieved for his son who is travelling abroad ? We have an ample accumulation of the most positive and most credible testimony—that such cases admit of, if any proof is sufficient to substantiate

such facts—that operations of this kind are performed, every day, at Providence. Why, then, in the name of common sense, are they not more frequently converted to some practical and permanent benefit? I may, perhaps, be accused of being enthusiastic; but I am confident that a tenth of the statements made by credible witnesses, would more than justify all the expectations expressed in this letter, of the incomparable benefits and improvements that may be expected from animal magnetism.

MESMER.

Sept. 16, 1837.

WORCESTER LUNATIC HOSPITAL.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Whoever, like the present writer, has received from the Superintendent and Physician of the State Lunatic Hospital, at Worcester, the Reports and other Documents of that institution, cannot fail of having elevated opinions of the energy of benevolence, the dignified display of charity, system and propriety, with which that hospital is managed. We will, if you please, tender the homage of our respects to the physician of that establishment for the consideration with which we were honored, by having transmitted to us his Reports and Documents. They are well written, well designed, and well printed; and may, from their comprehensiveness, be well termed an *encyclopedia* of that institution.

Still, as that institution, capacious as it is, is, according to the statements given, obliged to reject scores of applicants, for want of accommodations, we extremely regret the omission, and urgently insist upon the public's having the information, of the medical mode of treatment therein adopted. This is altogether lacking in the Report. Dr. Rush observed, that it had been said that every physician wished to keep his art a secret. This slander upon the profession was repelled by that able professor, with proper dignity. But in these seven years' reports, notwithstanding the moral and domestic method is sufficiently detailed, yet the medical mode is not given. The former is fully deserving of praise, and the latter we doubt not to be equally so, from the number of cures. Yet, although withheld, it seems to be urgently called for, from the frequent mention of "active remedies," which are left undefined, and which must remain unknown to the world unless revealed by the Superintendent, as the phrase itself is evidently at variance with what physicians have usually considered *active remedies*. Thus, for example, we are told of the female patient, No. 3 (p. 164), that "she had been reduced by depletion and starvation, without any favorable effect upon her mind." And what are we told in the very next sentence? Why, that "she was immediately placed under the influence of *active remedies*." So here we have a new display of the *Materia Medica*. Bloodletting, cathartics and emetics, especially when aided by starvation, have hitherto been thought *active remedies*. But at the State Lunatic Hospital, it would appear that a different view is entertained. And as these new *active remedies* had, as we learn, the desired effect, should they remain a secret from

the profession? We humbly submit this inquiry to the Superintendent, of whom, from personal knowledge, and of whose official acquirements and management, no one can entertain opinions more elevated than the present writer.

There is another subject connected with these Reports, which has long been one of contemplation, and upon which we had intended to animadvert before now. The Superintendent assumes, what he thinks that no one will hesitate to admit, "that insanity, when established, should be followed by immunity from punishment." (p. 172.) We cannot coincide in this opinion, especially when we consider that it is a punishment to every insane person to be confined in a hospital, to be confined at all, and in most instances sorely against his will to take any kind of medicine whatever. But there is another view still more sombre, serious and paramount.

The Superintendent gives the case of Heller, who murdered a little innocent girl of ten years old, by cutting off her head; who afterwards murdered three of his own children, who were borne him by a respectable young wife, whom he also murdered with an axe, whilst she was nursing her infant at her breast, whose infant head he likewise cut off! And yet no insane person is to be punished! If we appeal to ecclesiastical law, which enjoins that a murderer shall not be suffered to live, we shall find that no exception is made in behalf of insane persons. Still, some commutation of punishment may often seem to be humane and expedient.

The four last murders by Heller were perpetrated in Indiana. But before they were committed, it was shown that he had previously murdered a child, "under the most appalling circumstances," in Dauphin county, Pennsylvania, where he was acquitted upon the ground of insanity. Now to the respectable Superintendent we know that no repetition, amplification, or monotony, is necessary in order for him to feel the weight of an argument. And we humbly submit the case to him, whether it would not have been immensely better that Heller should have been punished by imprisonment for life, or otherwise, than, after his first appalling murder, to have been set at liberty, and then have committed four other murders, still more appalling? Five murders in the whole! More deaths by the hand of this monster, than by the jaws of any mad dog whose history we recollect; for it has been calculated, that of twenty persons bitten by the same mad dog, upon an average only one has hydrophobia.

Now our plan is, and we should much rather that it would have emanated from the high authority of the Superintendent, because then it would have had some influence upon the public, *that no insane person, having committed murder, should be suffered to be at large.* The laws upon this point need amending, and the sooner the better.

One further consideration, and we have done. It is well known to all who have had much experience with the raging maniac, that fear is the only remnant of reason remaining. He has lost all morality, decency, filial and fraternal affection, self respect, respect for others, and honesty. Let, then, the fear of punishment be withdrawn, and wo to the lives of the friends of the maniac, and to those of the feigned maniac.

Connecticut, Sept. 1, 1837.

C.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 27, 1837.

YELLOW FEVER.

THE fearful mortality from this disease at the present time, in New Orleans, so entirely contrary to what might have been anticipated by any one who has read the learned discourse of Dr. Barton on acclimation, renders it worth the while to recommence a series of investigations in relation to the exciting causes of this frightful pestilence, which for many years has received little or no attention from medical writers. There was a period in the history of this country when physicians took a very bold stand, one way or the other, in speaking of its character. While some were fully satisfied of its infectious nature, others were equally convinced that its origin and destructive activity depended on local causes which it was possible to control. Indeed, the process, by which its periodical development in cities where it had been rife, might be overcome, was confidently spoken of. Still, with all the wisdom which experience is supposed to have accumulated, human ingenuity is wholly inadequate to repress its reappearance, or ward off the shafts of death which fly from its devastating train.

It is of considerable importance to ascertain the modern treatment of yellow fever. The prescriptions of Dr. Rush were simple and bold; but whether his system is still pursued, or whether some other is more in vogue, is not well known at the north. When a hundred men are dying daily, and that for weeks in succession, in a city which may justly be proud of its abundant medical talent, by a fever which is so truly common there that its first symptoms are recognized by every person of intelligence, it becomes seriously important to know what kind of medical treatment is meted out to the multitude of sick. The proportion of recoveries is also an item which should be known. There is no expression in any of the New Orleans papers which leads to the supposition that there are any saved. Still, it cannot be possible that all who are attacked actually die. The physicians of New Orleans, therefore, are called upon for a detailed account.

Anatomical Lectureship.—Edward Reynolds, M.D., of Boston, has been appointed to deliver the course of Anatomical Lectures at the Massachusetts Medical College, Mason Street, the ensuing term,—the Professor of Anatomy being now in Europe. This is a very satisfactory selection, and one that will contribute, we trust, to the mutual prosperity of the institution and students.

Counsellors' Meeting.—Members of the State Medical Council will observe, on the advertising page, the notice of the Secretary, Dr. Homans, who notifies a meeting at the Athenæum, on Wednesday, October 4th. A punctual attendance is quite desirable, and it is hoped, therefore, that gentlemen residing at a distance from the city will make seasonable

arrangements for attending. It has so happened, for many years in succession, that only a few, if any, of the Counsellors from the western part of the State, are present at these meetings, which are of importance to the prosperity of the Society, and have a direct bearing upon the professional character and prosperity of all its fellows. Very many respectable practitioners of the interior have neglected to avail themselves of membership, which is greatly to be regretted. Every reasonable provision has been made by the Society to receive under its protection all who have just claims upon its attention.

Medical Graduates.—An anonymous correspondent must have discovered, by looking over the last Journal, that the neglect of which he complained was altogether imaginary, as the catalogue of medical graduates at the late commencement of Harvard University was published the very morning on which his letter was received. The Dean of the Faculty has never been wanting in promptness in anything relative to his official duties.

Large Adipose Tumor.—We are informed that an adipose tumor, weighing 18 pounds, and measuring 27 inches around the neck, was removed, last week, from the back of a woman, aged about 60, in Kennebunk, Me. The operation was performed by Dr. Burleigh Smart, of that place, with the assistance of Drs. Emerson, Dorrance, Morse, and students Tripp and Sawyer. The tumor was removed in eight minutes. It had been growing nearly 20 years. Recently it had ulcerated, from a slight injury, and a gangrenous sloughing had commenced, accompanied with considerable hæmorrhage.

The wound nearly all united by the first intention, and the patient seems nearly well.

Psychodinamist,—which means, Bulletin of Animal Magnetism in the United States. Such is the title of a proposed Journal, to be published semi-monthly, 16 pages large 8vo., at two dollars per annum, edited by CHARLES POYEN, *de St. Saurer*. Whether there are people enough in America disposed to support it, is a matter of doubt: at all events, the name is, unfortunately, a terrible one to pronounce, and so unlike anything else, that we were afraid of being magnetized in attempting to speak it.

Hull's Utero-Abdominal Supporter.—A gentleman of this city, who has given considerable attention to this instrument, speaks with increasing confidence of its intrinsic value. The sale has been steadily increasing ever since it was offered in Boston, which is one of the most positive evidences of the interest taken in it. In most instances the supporter has been purchased by the advice of physicians.

TO CORRESPONDENTS.—The communication on the fatal effects of opium in a case of rheumatism will be given next week. The writer of it is informed that the letter to which he refers has never been received at this office. Did he direct it to one of the agents, or to the publisher of the Journal?—The translation from the Italian will also have an early insertion.

Whole number of deaths in Boston, for the week ending Sept. 27, 38. Males, 19—Females, 19.

Consumption, 8—teething, 1—cachexy, 1—palsy, 1—apoplexy, 1—cholera infantum, 3—inflammation of the bowels, 2—atrophy, 1—dropsy in the head, 2—disease of the heart, 1—aneurism, 1—gangrene, 1—old age, 2—concussion of the brain, 1—typhus fever, 1—croup, 1—stillborn, 3.

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.	Fees.
Anatomy, by EDWARD REYNOLDS, M.D.*	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles and Operations of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, July 5, 1837.

tNov. 1.

WALTER CHANNING,
Dean of the Faculty of Medicine.

* Professor John C. Warren being in Europe, and having announced his intention not to return this winter, the Corporation of Harvard University have appointed Edward Reynolds, M.D., Lecturer on Anatomy the ensuing winter. Professor Hayward has also been appointed to deliver the Lectures on Operative Surgery. Sept. 27. W. CHANNING, Dean.

[Printers whose papers contain the advertisement of the Lectures, are particularly desired to insert the above.]

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, Nov. 2d, 1837, and it continues seventeen weeks. The several branches are taught as follows, viz :

Principles and Practice of Surgery, by	THOMAS HUBBARD, M.D.
Theory and Practice of Medicine, by	ELI IVES, M.D.
Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. and LL. D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Anatomy and Physiology, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each; and for Obstetrics, \$6—amounting to \$76—the whole to be paid in advance. The graduation fee is \$15.

Yale College, Sept. 1, 1837.

Sept. 13—6t

MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

A STATED Meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, Pearl Street, on WEDNESDAY, 4th of October next, at 11 o'clock, A. M.

Sept. 20—1m.

JOHN HOMANS, Rec. Sec'y.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA BURGIN, Portland, Me., JOSEPH BALCH, Jr. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn. May 10—6m

TO MEDICAL STUDENTS.

H. A. DEWAR, V.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place. 11—Oct. 19

Boston, Oct. 7, 1836.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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VOL. XVII.]

WEDNESDAY, OCTOBER 4, 1837.

[NO. 9.]

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND
MEDICAL SOCIETY.

NO. III.—BY DAVID KING, JR. M.D., NEWPORT.

“What are the causes and nature of CHOLERA INFANTUM, and the best mode of treatment to be employed therein?”

[Continued from page 123.]

Pathology.—THE pathology of this disease will be inferred from a consideration of the symptoms during life, and an examination of the lesions of structure, in fatal cases, after death. The following appearances were observed by Dr. J. Jackson and Dr. J. C. Warren, of Boston, from examinations made during a period of several years.

“The body is emaciated; often very much. In some cases the abdomen is full and tense, and especially about the region of the liver. The viscera of the thorax have been found in good order. In the abdomen, the liver has sometimes been found very large, so as to occupy two fifths of that cavity; but this viscus has not presented any other marks of disease, unless, indeed, it may, in one or two cases, have been rather more firm and solid than natural.” The gall-bladder, spleen and pancreas, have not been distinguished by any peculiar appearances. “The peritoneal coat of the intestines has, in its greater part, been found healthy; in some cases altogether so; but in most cases some few spots, or portions of it, have been discolored in consequence of a distention of the small vessels going to supply the internal membranes or coats. Also in one or two cases, an inflamed line has appeared on each of two contiguous folds of intestine, just above their line of contact. In every case marks of disease have been discovered on the mucous membrane. In the stomach there have usually been observed one or two small spots, of an irregular shape, in which the mucous membrane was red, inclining a little to a purple. The membrane in these places has not been much, if at all, swollen. The stomach is commonly lined with an adhesive mucus. In the duodenum there have invariably been found one or more spots, much larger than in the stomach, in which the mucous membrane has been considerably inflamed, and for the most part swollen. In almost every case, such an inflamed patch has been found at the very commencement of the duodenum. Other inflamed patches, varying in size, and corresponding with the discolored portions of the peritoneal coat, have been seen in the small intestines in every case.”*

* New England Journal of Medicine and Surgery, Vol. I. p. 25.

Dr. Dewees has found, in the small intestines, coagulable lymph spread over the surface, or in detached pieces. He notices an alteration of structure, from thickening of the coats of the intestine, reducing the calibre of the alimentary canal in the parts where it occurs.

Dr. Horner,* from some careful and accurate post-mortem examinations, infers that cholera infantum is a follicular, rather than an erythemoid inflammation—a disease of the innumerable mucous glands or follicles extended from one end to the other of the alimentary canal, rather than a common vascular or erythemoid inflammation. In the cases examined by him, the stomach was of a sienna color, and of such consistence as to be readily scraped off with the finger nail; the small and large intestines were of the same color, and presented clusters of enlarged and tumid muciparous glands or follicles. The follicles were of the size of millet seeds, and gave to the mucous membrane the appearance of having been sprinkled with fine white sand. By macerating the intestines, and suspending them in spirits of wine, so as to remove the blood and mucus, the anatomical character of the disease was clearly demonstrated to be an ulceration and tumefaction of the follicular system of the intestines. In one case, by maceration and suspension in a fluid, he discovered several common erythemoid ulcerations of the jejunum, of about two lines in diameter, which were imperceptible during the dissection.

Cruvelhier has described a disease, resembling, in symptoms, cholera infantum, under the title of “*maladie gastro-intestinale des enfans, avec desorganization gelatriculaire*,” characterized by excessive thirst, frequent vomiting and purging of mucous and bilious matter, rapid emaciation, and at last an inclination to sleep, from which the patient is roused by abdominal pains, causing plaintive cries, and violent contortions of the body. Fatal collapse often ensued, in the course of twenty-four or forty-five hours. The chief morbid appearance was a gelatinous softening of the stomach, and the small and large intestines. He attributes the pathological alteration to a gastro-intestinal irritation, the special nature of which is unknown. He thus describes the alteration of structure:—“*Ce ramollissement procède toujours de l'intérieur vers l'extérieur. Il y a d'abord simple écartement des fibres, que sépare un mucus gelatineux, et par conséquent les parois de l'organe sont envahies, disparaissent enfin, de telle sorte que l'estomac ou l'intestin ramallis ressemblent à de la gélatine transparente, arrondie en tube ou en portion de tube. Si la transformation est complète, les parties désorganisées sont entraînées couche par couche, et ce qui reste paraît aminci; le péritoine seul résiste quelque temps; mais enfin, envahi lui-même, il s'use, se déchire, et la perforation a lieu. Les parties ainsi transformées sont decolorées, transparentes, d'apparence inorganique, complètement dépourvues de vaisseaux, exhalant une odeur aigrelette semblable à celle du lait caillé, sans odeur ni de putréfaction ni de gangrène. Un fait digne d'intérêt, c'est que les parties ramollies se décomposent beaucoup moins promptement que les parties non altérées dans leur organization. L'ébullition qui convertit en gélatine l'estomac, et les intestins, donne une idée parfaite de ce genre d'altération. Je dois noter ici un phénomène bien re-*

* American Journal of the Medical Sciences, No. VI.

marquable ; c'est la coloration noire des vaisseaux qui avoisinent l'altération, couleur que je n'ai jamais rencontrée ni dans les parties désorganisées, ni dans les liquides contenus."

The peculiar miasm, which produces cholera infantum, acts upon the minute ramifications of the ganglionic nerves, in the lungs, and by means of the blood throughout the vascular and capillary systems. This primary influence of the miasm on the organic nerves is succeeded by excessive secretory irritation of the follicles of the mucous membrane of the alimentary canal, which constitutes the disease. The minute and accurate researches of Dr. Horner evince that this disease extends beyond the limits prescribed to it by Dr. Jackson and Dr. Dewees, and that it prevails through the whole extent of the gastro-intestinal mucous membrane. The constitutional disturbance produced by this disease is readily explained by the extent, the relations, and the important functions of the alimentary mucous membrane. The morbid excitement prevailing through this extensive exhaling surface, causes active determination of the blood to, and profuse secretion of mucus and serum from, the exhalents and follicles. The functions of digestion, the secretion of the liver, and the processes of nutrition, are suspended. The evacuations of sero-mucoid fluid by vomiting and purging, produce rapid emaciation, drain the vascular system of the serum of the blood, suspend hæmatisation, and prostrate the vital forces of organic life.

The process of dentition, and the intense irritation of the gastro-intestinal mucous membrane, produce an irritation of the nervous apparatus of animal life. Hence arise the spasms, the pains, which in severe cases are agonizing, and the convulsions, which precede death so frequently in this disease. The contrast between the condition of the system of organic life and that of animal life, is beautifully illustrated by Dr. James Jackson, in his description of the protracted form of the complaint. "When asleep, the patient is impressed with the characters of death—his countenance deathly, his pulses quick and wiry, his respiration scarcely to be heard; but when he awakes, his clear eye seems to view the objects around him with a peculiar intelligence. With the utmost decision he chooses the pleasant, and rejects the offensive things, which are offered him. He seems almost to tell you, by his actions, that his stomach is faint, and sinking, and distressed; that the call for something to support it is most painfully imperious; but that the appetite can scarcely find an article which does not disgust it. The child is not disposed to make exertions; but when he does, there is often displayed a momentary energy of will, altogether disproportioned to the other appearances about him. He does not express pleasure; and at the most, only assents to what pleases him; but he frets at what disappoints him, and scolds most sharply at what offends him."

The cerebral irritation is very likely to cause congestion, inflammation, and serous effusion. Hence at last the animal powers fail—the patient sinking into a somnolent state, from which he is roused, occasionally, by excruciating pains in the bowels.

In regard to the nature of the disease, we believe it to be situated in the follicular system of the gastro-intestinal mucous membrane. The

pathological appearances are various, and the evidence accumulated may not seem sufficient to enable us to separate, with exactness, the accidental from the constant lesions of structure. If this be the case, post-mortem examinations, conducted according to the accurate method of Dr. Horner,* cannot fail to establish the true pathology. The following considerations render it highly probable that this disease is seated in the follicular system. 1st. Children are liable to have the follicles of the gastro-intestinal mucous membrane highly developed, which development renders them more susceptible to disease.† 2d. This disease, towards its close, affects not only the follicles of the mouth and fauces, but of the cutaneous surface. 3d. A disease of the follicles of the gastro-intestinal mucous membrane, readily accounts for the severity of the constitutional affection, from their immense number.

Treatment.—The indications of cure in this disease, are to allay the irritability of the stomach and bowels, to determine to the surface, to guard against local inflammation, to support the strength, and restore a healthy tone to the organism.

1st. The leading feature of this disease is an excessive irritation of the follicles of the gastro-intestinal mucous membrane. This irritation causes a determination of blood to the digestive mucous membrane, and an exhausting secretion of sero-mucoid fluid. To allay the irritation of the mucous membrane is, then, an object of the first importance. A few leeches are to be applied to the epigastrium. An enema, consisting of a solution of common salt in warm water, is to be administered, and repeated *pro re nata*; for a child, a year old, a gill of warm water to a teaspoonful of salt will be the proper proportion. The injection removes whatever fecal matter may have collected in the large intestines, and exerts, probably, through the medium of the ganglionic nerves, a salutary effect upon the hepatic secretion, and thereby allays the gastric irritability. Dr. Dewees has seen this simple remedy frequently relieve the patient, almost entirely without the aid of any other remedy. The application of leeches to the epigastrium should be succeeded by the repeated application of warm poultices over the abdomen. If leeches cannot be obtained, other measures of revulsion must be adopted. The patient may be put into a warm bath, rendered stimulating by adding salt; the surface may be rubbed, immediately on coming out, with some stimulating liniment.

R. Liquoris Ammon. ʒj.

Olei Olivæ ʒij.

misce benè et addo

Spt. Camphoræ ʒij.

Olei Terebinth. ʒij.

Saponis Duri ʒv.

misce benè.

Olei Limonis ʒij. M.

R. Tinct. Cantharid. ʒij.

Olei Terebinth. ʒj.

Ammoniacæ Liq. ʒiss.

Saponis Duri ʒj.

Olei Limonis ʒj.

M. ft. Linimentum.

The warm bath and the stimulating frictions should be used daily during the continuance of the disease, and may be repeated according to

* We refer to pathological researches, by the aid of minute injections of the diseased membrane.

† Dr. Hope.

the severity of the gastro-intestinal irritation. Blisters, applied over the epigastrium, are a valuable means of counter-irritation. From their occasional severe local effects in infants, they should be applied for two or three hours only at a time, and be followed by the repeated application of emollient poultices.

The vomiting is so severe, in this disease, as often to require the application of particular remedies to allay it. Dr. Dewees recommends, for this purpose, a teaspoonful of strong coffee, without sugar or milk, to be given every fifteen minutes. Equal proportions of milk and lime water, toast water, and *small pieces of ice* (given frequently to children of sufficient age), may be tried. Hops, the green leaves of the garden-mint, or green peach tree leaves, steeped in hot water or vinegar and water, and applied warm, and nearly dry, over the stomach and breast, will be useful. These remedies, with iced and demulcent drinks, and a few doses of hydrarg. cum creta, with magnesia or soda, will in many cases effectually allay the gastro-intestinal irritation. If the severe vomiting and purging continue, and an exhausting secretion from the gastro-intestinal mucous membrane, minute doses of sub mur. hydrarg. and ipecacuanha may be administered.

R. Sub Mur. Hyd. grs. iij.
 Pulv. Ipecacuanha grs. iij.
 Sacch. Alb. grs. xij.
 Ft. Pulveres xij.

One of these powders may be given every half hour or hour, till the stools evince a decided restoration of the hepatic secretion. The mode of the operation of calomel, in minute doses, is not to be illustrated by the principle of direct revulsion; for it not only changes the morbid action of the follicles, but it excites to a healthy action the hepatic and cutaneous secretions.

In addition to this plan, it is important to administer remedies calculated to give the patient rest during the night, otherwise the pain and frequent evacuations may produce a fatal exhaustion of the vital forces. To effect this purpose, it will be proper to place the patient, for eight or ten minutes, in a bath of a temperature from 90 to 95 degrees Fahrenheit; the skin should then be wiped dry, and friction employed to excite the surface. A little paregoric and wine of ipecacuanha may sometimes be given previously to the use of the warm bath. The effects of opiates should, however, be carefully watched, especially their influence on the brain. If they have an injurious influence it will be readily seen on the following morning, in the heavy appearance of the eyes and countenance, in the dryness of the tongue, and the enfeebled state of the stomach.

Another indication is to guard against the occurrence of local inflammation.

Cerebral inflammation is a frequent complication of this disease. To prevent such an occurrence, blisters may be applied to the mastoid apophyses. Dr. Eberle always applies blisters behind the ears, from the commencement of the disease. Dr. Parrish says, "in severe cases, much good may be expected from the application of blisters behind the

ears. I was led to this practice, by observing that the eruption, which, during dentition, is apt to make its appearance behind the ears, often proves a most salutary effort of Nature; and that while it continues, the infant generally enjoys an exemption from those dangerous disorders incident to this critical period of life. To imitate nature as closely as possible, the discharge from the blistered surface should be maintained for some time by stimulating dressings. I have witnessed the most beneficial effects from this practice, and can strongly recommend it to the attention of the profession." If cerebral irritation be increased by inflamed or swollen gums, they should be freely divided. If the hepatic secretion be suspended, minute doses of calomel and ipecacuanha should be given. If the intestinal irritation appear to aggravate the cerebral affection, after a few leeches have been applied to the temples, small doses of Dover's pulv. hydrarg. cum creta, and pulv. antimonialis, may be administered in mucilage of gum arabic.

Acute Enteritis sometimes supervenes in this disease. When the discharges become bloody, or consist of a muco-sanguinolent fluid, and tenesmus occurs, with other dysenteric symptoms, mucilaginous enemata, with a few drops of laudanum, may be administered. If the tongue be red, dry, and parched, and tenderness exist on pressure on the abdomen, two or three leeches should be applied along the course of the colon, and afterwards a large emollient poultice over the abdomen. Dover's pulv. and hyd. cum creta may then be given, as—

R. Pulv. Dover. iij. grs.

Hyd. c. Cret. ʒj.

Pulv. Gum Arab. ʒij.

Ft. x. Pulv.

One powder may be given every two or three hours, till the symptoms abate. Gum arabic water is to be freely given in the mean time. If the sanguineous discharges be profuse, a continuation of opium, ipecacuanha and acet. plumbi will be useful. When the disease affects more particularly the small intestines, as indicated by vomiting, thirst, a red tongue, diarrhœa, tympanitis and tenderness on pressure, leeches, or a blister to the epigastrium, to be followed by the application of a large emollient poultice, Dover's pulv. and hydrarg. cum creta, and iced demulcent drinks, will be our chief dependence. Spirits of turpentine has been recommended by different authors as a specific for tympanitis; but clinical experiments have proved this article to be injurious in tympanitis occurring in the early stage of enteritis. In such cases, the subsidence of the tympanitis from the use of the turpentine is only temporary. It returns, afterwards, in a more aggravated form.

[To be continued.]

FITS—VOMITING—NON-SECRETION OF URINE.

[Communicated for the Boston Medical and Surgical Journal.]

MISS U., of Clarendon, in this State, has been subject, ever since her childhood, to what have been termed "fits." From the description furnished by the family, the "fits" seem to have consisted in a temporary

suspension of voluntary motion, the senses usually remaining unimpaired. Sometimes there have been slight convulsions. Latterly the inability to perform voluntary motion has frequently been confined to the lower limbs—has returned daily, and lasted from one to three hours. For the last fourteen years she has rejected her food by vomiting. She eats, with a good appetite, the usual quantity for a person in health, and apparently rejects the whole in from five to fifteen minutes. Diminishing the quantity or altering the quality of her food has no effect on this symptom of vomiting. Bowels incline to costiveness. Menstrual function not materially differing from the healthy state. Sits up a part of every day, performs some labor, and occasionally rides out.

The symptom, however, which makes her case chiefly worth notice, is a *total suspension of the secretion of urine*, of more than a year's standing. Her character, as well as that of her family, is such as to prevent any suspicion of an attempt at deception. She has not voided a drop of urine for the last twelve or thirteen months, nor has a urinous smell ever been perceived. It was suggested to her physician, Dr. Bowen, of Clarendon, that the use of the catheter might be necessary; but on examination he was convinced that there was no urine in the bladder.

I ought to have mentioned that Miss U. is now about 30 years old, and that she has never been thought hysterical by her physicians.

I leave the duty of commenting on the above case, to you or your correspondents.

DAVID PALMER.

Woodstock, Vt., Sept. 2, 1837.

RHEUMATISM—OPIUM—DEATH.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 7, 1837, Mrs. W. R. called on me for advice. On the 5th she had been actively engaged in her domestic duties, and was exposed for a few moments to a sudden shower of rain. Soon after, she began to feel a soreness in the feet, with extreme tenderness of the soles, which extended to, and soon occupied, the whole of the lower extremities. The parts affected were so extremely sensitive that she could not bear the least motion, or even the weight of her clothes, without intolerable pain. She took some domestic medicines, such as hot drinks, put her feet into a hot bath, &c., and thus passed along until the evening of the 6th, when she drank freely of tanzy tea. She remarked, that, notwithstanding her efforts, she could not *sweat* any. The tanzy, however, brought on a profuse menorrhagia, which continued when I saw her.

7th. 7, P. M. I found the patient unable to move her limbs but with great difficulty; the pain was excruciating from the hips to the extremities of the toes; there was but little swelling or redness, and that confined to the articulations; pulse 90, very irritable; skin hot and dry; tongue very slightly coated, and moist. She had just taken cathartic medicine, which was operating freely. Under these circumstances I

concluded to commence the opium course, and directed a pill of opium, 1 gr., conserve ros. q. s. to be taken every hour. This was at 7, P. M. She took ten pills before any change in her (own) feelings or symptoms occurred, when diaphoresis commenced above a line drawn across the ant. sup. sp. of the ileum, which soon became profuse; all below this point hot and dry.

8th. 5, A. M. She complained of distention in the pubic region, and on inquiry I found she had passed no urine for 18 hours; discharge from the uterus diminished, but free. Directed a continuance of the opium pills, with spts. nitri dulc. At 10, A. M. again saw her; she had micturated freely; diaphoresis as before, and copious; mind calm and tranquil, was not sensible of any effect of the medicine upon the brain. She now began to feel a pricking sensation in the first toe of the right foot, which was very soon followed by perspiration at that point, while the remaining part of the foot and limb was, as before, hot and dry; tongue the same; pulse soft, 85. The weather, up to this time, was clear and pleasant. 8 o'clock, P. M. Symptoms improving. The whole right foot is sensible, and in free perspiration; the limbs continue as before; pulse 80, soft; directed pills every two hours, diluent drinks, and quiet.

9th. A. M. Found some nausea and headache; diaphoresis less free, and generally the effects described by Cazenove as the result of an under dose. The right limb was free from pain and soreness, with the exception of the knee. She also experienced some uneasiness from distention of the bladder. Directed a laxative, and the application of cloths wet with hot water to the pubic region; gentle diuretics; pills every hour, as at first. 12, M. Urine has passed freely; diaphoresis free and general, with exception of the left limb; bowels have not moved. Repeat cath., diminish pills one fourth, and repeat every hour. 10, P. M. Bowels soluble; diaphoresis profuse; urinary discharge natural; mind tranquil; natural sensibility rapidly returning in the left limb. Treatment continued, with direction, to an excellent nurse, should any of the former unpleasant symptoms recur, to return to the full dose.

10th. A. M. Diaphoresis had been maintained through the night; tenderness much diminished; other symptoms same. Treatment continued. 12, M. Same symptoms. 10, P. M. Diaphoresis free; disease rapidly subsiding; diminished the pills one third, with directions to return to the full dose should perspiration subside. Diluents continued.

11th. A. M. Diaphoresis free; complains of a little nausea and soreness of the gums, and occasionally double vision for a moment; tongue moist, clean, red, and appeared, together with the gums, somewhat spongy. Directed one gr. pill for three hours, then return to former dose; yeast gargle. 12, M. Symptoms improved; no nausea; vision clear; diaphoresis and diuresis free. Treatment continued. 9, P. M. Pulse 80; other symptoms as before. Same treatment.

12th. 8, A. M. Pain and tenderness nearly subsided; less tenderness of the mouth; complains of a sore spot on the elbow, and thinks it is in consequence of resting upon that point; pills diminished one half, with

directions to resume as before ; yeast gargle ; she also occasionally swallows a little. The weather, up to this morning, continued uniform, clear and pleasant ; it now rains, with a chilly northwest wind. 1, P. M. Evidently a metastasis to the right elbow and hand ; mouth better ; diaphoresis not so free ; pulse 86. Directed 1 gr. doses until diaphoresis became free ; yeast continued. I now found it convenient to give wine whey to aid in sustaining the system under the powerful and continued sweating caused by the opium. 10, P. M. Diaphoresis free ; pain and tenderness in the new locality diminishing rapidly. Directed $\frac{1}{2}$ gr. pills, unless diaphoresis should subside.

13th. 8, A. M. Disease nearly subsided ; mouth and tongue quite tender and spongy. Diminished pills to $\frac{1}{4}$ gr. ; yeast, wine whey, and soda powders. 2, P. M. Slight metastasis to left shoulder and hand. Return full doses for three hours, then continue $\frac{1}{4}$ gr. pills and other treatment.

14th. 8, A. M. All the unpleasant symptoms, except a little soreness in the thumb of the left hand, have disappeared ; for the last eight hours diuresis has been copious, with a red sediment. Complained early in the morning of double vision. Treatment continued. 1, P. M. The disease seems to have taken leave entirely—pain and tenderness gone—she feels as if she could, if she dare, go about her house without difficulty. Treatment continued. 4, P. M. Sent for in great haste ; found the patient making an effort to get out of bed ; face flushed ; eyes wild ; skin dry. In a few minutes she became quiet, settled down upon the bed ; comatose ; pupils contracted ; breathing stertorous ; teeth firmly in contact. She was bled freely, and irritants liberally applied ; found it impossible to give medicines by the mouth. The pulse 60, and full. At 7 o'clock, the pulse became rapid and irregular, and at half past 7 she expired.

I would add, that after a time of sunshine the weather again changed, and it began to rain at 2 o'clock, with that same northwest chilly wind.

As much has been written of late in favor of the opium practice in rheumatism, I have been induced to report this case at length, that those interested in the investigation might be in possession of all the facts necessary to the formation of a correct judgment as to the merits of the plan. The relief afforded by the medicine in the earlier stages of the complaint was extremely gratifying, and induced me to persevere until triumph seemed complete, when the fatal event thus suddenly supervened. There appeared to be some little disposition to metastasis coincidental with changes in the weather, as the disease seemed to be yielding, and that which proved fatal may have been induced by the change in temperature noticed above. I think, however, it might not have occurred if the system had not been debilitated or rendered preternaturally susceptible by the sweating process as produced by the opium. Whatever may be the correct explanation, the inquiry naturally arises, and we should like to see it satisfactorily settled, whether or not metastasis is most common under this plan of treatment, and if it is, on the whole, the *safest* course. J.

INTRODUCTION OF AIR INTO THE VEINS—RECOVERY.

At a late meeting of the *Royal Academy of Medicine*, at Paris, M. AMUSSAT communicated the following remarkable case of recovery, after the introduction of air into the veins.

On Saturday, July 1st, M. Amussat removed the right breast of a woman, 47 years of age; the patient was originally strong, and enjoyed good health, until two years previously, when a small scirrhus tumor made its appearance in the right breast, and gradually extended to the whole of the mammary gland, as well as to the subjacent and surrounding tissues. After having removed the mass of the disease, and laid bare nearly the whole of the right side of the chest, M. Amussat prepared himself to dissect out the prolongation of the cancerous substance, towards the opposite side: while dividing, for this purpose, the tissues beneath the left clavicle, he suddenly heard a distinct and intermitting sound of air passing into a cavity through a narrow orifice; this sound was also heard by three of the medical gentlemen present. The patient, who had supported the operation, up to this period, with great fortitude, immediately complained of uneasiness, and of a sense of suffocation, crying out that she was going to die. A second sound, similar to the former one, was now heard, and left no doubt on the operator's mind as to the nature of the dreadful and almost universally fatal accident, which had taken place. He immediately placed his finger over the point from which the sound seemed to issue, and exercised firm pressure. During this time the woman's face became covered with a cold sweat, the eyes were turned upwards, and she exclaimed once or twice, "I am dying." The appearance of the unfortunate woman, the nature of the sound heard, and the general symptoms, indicated that air had passed into the venous system; M. Amussat, therefore, lost no time in endeavoring to expel it by compressing the parietes of the chest, while he left the orifice of the wounded vein open. Having repeatedly reduced, by compression, the capacity of the chest, he directed one of the assistants to press with his finger over the venous orifice. After the lapse of a few minutes the patient began to feel somewhat better, the sense of suffocation diminished, and M. Amussat terminated the operation by removing several diseased ganglia near the brachial plexus and axillary vessels; he then arrested the hæmorrhage, by submitting the arteries to "torsion," and, by way of precaution, passed a ligature through the orifice of the vein into which the air was supposed to have entered. The wound was dressed in the ordinary manner.

On the above case M. Amussat remarked, that although several other analogous ones had been observed, yet he believed this was the only one where the patient survived. The fortunate termination in the present instance was owing to his having so quickly discovered the nature of the accident which had taken place; and this, again, depended on his having been familiar with the peculiar sound which is produced whenever air passes into a wounded part, an accident that he often witnessed and studied while operating on living animals.

SELECTIONS FROM FOREIGN JOURNALS.

Typhus Fever—Purgatives—Bleeding in Typhus and other Diseases.—The result of Andral and Louis's observations, lately communicated in Paris, are as follows:—

1st. Purgatives are not as dangerous in typhus fever as they are represented to be. That in no case in which they were given at the commencement of typhoid fever have they increased the disease.

2d. That in serious cases, purgatives have produced more advantageous results than bleeding, or the mixed method.

3d. That in all cases indiscriminately treated by aperients only, the mortality has been less than by bleeding.

M. Andral said, that he had frequently had recourse to bleeding, in his own practice, for patients in typhoid fever, and that the patients had died rapidly, in a species of sub-delirium. When the illustrious Broussais was the leading man in the Paris medical schools, M. Andral says, "I had innumerable opportunities of attending students attacked with the typhoid fever. Those young men, acquainted with the prevailing doctrines, had insisted on being bled copiously, before I saw them. I bled them again, according to their constitution. Most of these unhappy patients sank and died. It is not, therefore, surprising that I should have conceived so great an aversion for bleeding in typhoid fever. I conscientiously assert, indeed, that I have also seen the most distressing results ensue from copious bleeding in *other diseases*. In erysipelas, for instance, under the influence of bleeding, the skin has become white, but phlogosis has still existed in the subcutaneous cellular tissue; and the patients gradually sank and died. I have observed the same phenomena in several cases of pneumonia, though I do not mean to say that bleeding should be totally avoided in erysipelas and pneumonia, but the *modus in rebus* should be observed."

Salt and Water, to quench Thirst and allay Vomiting.—Mr. Chapman, in the treatment of cholera, has administered common salt in solution in several cases, apparently with considerable advantage. Mr. Corbyn also has mentioned, that he allowed his patients to drink freely of *congee* water abounding with salt, observing, that it *tended to act on the bowels, and he did not find that it aggravated thirst*, an effect to be apprehended from its use. Without discussing the probable action of the remedy, I shall merely state a fact which occurred in my own practice, neither of the above gentlemen, so far as I have seen, having distinctly described what the advantages of the salt were. In May, 1835, a sepoy of the resident's escort was attacked with spasmodic cholera. I need not describe the case minutely; excessive thirst, and heat at the pit of the stomach, formed part of the symptoms, and his calls for cold water were urgent and incessant. He vomited everything as soon as swallowed. I had lately been reading, that English medical men had tried common salt, and independently of its praises as an emetic, I saw a solution of it recommended for the dreadful thirst, and burning at the præcordia. Determining to try it, I put four large table-spoonfuls of salt to a wine bot-

tle of cold water, of which I gave a table-spoonful every three or four minutes. The first two doses were rejected, but before half a dozen doses were taken, the patient was relieved. I then repeated the scruple doses of calomel and opium, which I had at first given; these were now retained, and I continued the salt and water, *at the man's urgent request*. At length the gastric symptoms subsided, and it was not until he had taken nearly the whole of the salt and water that he discovered its saline taste. He slept, and rapidly recovered. The case is interesting, and may be useful, as regards the effect of the salt and water in relieving the burning thirst, quieting the stomach, *and enabling it to retain other remedies*, to an extent which was surprising to myself and all the attendants. I do not think it acted on the bowels, and I am sure it did not create thirst, either at the time or afterwards.—Mr. T. G. BAYFIELD, *Ava, in the India Med. Jour.*

Circumstances favorable and unfavorable to Lithotrity.—These (says M. Civiale) frequently depend on the severe disorders in the urinary organs, or the general health attendant on the progress of stone in the bladder, and also on the stones. It is, therefore, necessary to consider,—

1st. The size, strength, and situation in the bladder of the stone, whether it be free and floating, or adherent; and the number of stones.

2d. The state of the bladder, prostate, urethra, and kidneys.

3d. The general state of the patient.

The diseases thus classed, may again be divided into four series:—The first comprises the *most favorable* cases,—only one stone, of middling size, friable, even, hard, with a healthy bladder, the urethra free, and a good constitution.

The second series offers conditions much less advantageous, but which principally depend on the size and number of the stones. The treatment then demands greater length of time, and more precaution. In this series the stone is large and hard, or else there is much gravel,—the bladder nearly healthy.

The cases comprised in the third series are unfavorable; yet do not quite repel lithotrity, which succeeds when proper attention is paid to the evil disposition of the organs. It will then be well to make one or two trials, not injurious to cystotomy, if at last that be necessary.

In a fourth series we must place the cases for which lithotrity is generally contra-indicated; a single stone, but voluminous and hard, quantity of gravel of middling size, encysted stone, horny bladder, bloody, and very painful; prostate hypertrophied, painful, strong deviation of the urethra, persisting coarctation of long standing; urine purulent, ammoniacal; kidneys diseased, patient irritable, weak, and worn out.

Originally, paralysis and chronic catarrh of the bladder were looked on as contra-indications of lithotrity. Experience has proved that these are not of great consequence in lithotrity. Most calculous patients are affected with catarrh of the bladder, more or less intense. Instead of this complication being increased by lithotrity, it improves during the treatment, and generally disappears with the principal disease.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 4, 1837.

THE MEDICAL STUDENT.*

DR. DUNGLISON has here presented those pursuing the study of medicine with a work which is designed expressly for their use. It makes no pretensions to originality, nor does it contain anything not to be found in other publications. The chief merit in the author consists in concentrating those facts which are always interesting to a person who is commencing a course of medical studies. Those whose early advantages have been limited, will be especially benefited by this compilation. To such, the glossary of technical words must be exceedingly advantageous. That portion of the volume which contains a bibliographical synopsis of the books most valued by the profession, is the lamest of the whole. There is the appearance about it of a desire to swell the manuscript into what a bookseller would call respectable dimensions. Hereafter, should the MEDICAL STUDENT reach a second edition, we trust this barren bibliographic heath will be covered by something more valuable to the reader, and more in keeping with the usual literary exhibitions of the writer.

The last division of the MEDICAL STUDENT is a detailed catalogue of the schools of medicine in the United States, collected probably from annual catalogues, and consequently very convenient to consult, from the circumstance of the bird's eye view which is given of all the institutions in the country.

When we had completed the first hasty examination of this truly novel undertaking, we were inclined to consider it a total failure, and unworthy of bearing the name of one who has toiled, with uncommon success, in various departments of science. But a closer examination, and further consideration of the benevolent motives which probably influenced Dr. Dunglison in this effort for the advancement of those who are compelled to surmount many difficulties, under very complicated disadvantages, have changed our first impressions—and it would be ungenerous not to acknowledge our present conviction that the book will prove essentially serviceable. It is a sort of introductory medical encyclopædia of many things which it is necessary to know, in order to understand and appreciate the ideas of authors. Although conscious that it is easier to find fault than to produce a faultless volume, we confess it would give us pleasure to see such additions and amendments in future editions of this work, as the learned gentleman who ushered it into being is well able to make.

Abyssinian Pathology.—When Mr. Gobat, a missionary, now resident in that distant region, was confined by illness, Deftera Matteos and Deftera Gualo, two learned men, had a conversation with Mr. Isenberg upon the character of diseases generally, and gave it as the prevailing opinion that

* The Medical Student, or Aids to the Study of Medicine, with a Glossary, &c., by Robley Dunglison, M.D. Philadelphia, 1837.

they were caused by genii. The Abyssinians entertain no other idea of the causes of sickness and death, other than infernal spirits and witchcraft, if the symptoms do not yield to commonly prescribed remedies, which contain nothing more potent than short prayers, or very inefficient topical applications. As in all countries of the East, a foreign physician is sought with avidity. It matters not what he prescribes, if called medicine it is taken in full faith that it will effect a cure. Very much the same kind of respect is manifested by the Indians of America; however low in the scale of humanity, a medicine man is regarded with peculiar reverence.

A Medical Opinion.—The writer of an anonymous note enclosing the original of what he calls a *medical opinion*, by a quack of this city, must excuse us for not giving it insertion. It is altogether too barbarous,—being no recognized language, and therefore poorly calculated to answer the intention for which it was designed. Were we disposed to hold up to contempt the pretensions of half a score of charlatans who are driving a profitable business in Boston and its neighborhood, there would be but little room for anything else. Besides, the very idea of persecution, which a fair exposition of these adventurers would be denominated, would contribute both to their importance and emolument among the class of ignorant vulgarians, who wrong their children out of bread to pay for moonshine. It occurs to us to mention, in connection with the foregoing remarks, that we have a letter, addressed to a hoard of overseers of a public institution in this city, by a physician whose name became quite familiar to the Medical Society at the time Dr. Bartlett was on the tapis, beginning thus—“*To thoes whom it concerns, this sertifys,*” &c. &c.—signed with his name in full, with the affixion of M.D.—which is enough to sicken one of honors, intended to be the evidence of professional acquirement, when so unworthily bestowed upon a stupid ignoramus.

A new Esculent Sea-weed has been lately brought to England from Calcutta. It is said to possess nutritious properties to a much greater extent than the Iceland moss, without the bitter principle contained in that weed. A jelly made from it contains wax, gum, sulphate and muriate of soda, with 54 parts of starch in the 100, and is quite equal to *blanc mange*. Large quantities of this fucus grow in the neighborhood of Ceylon, where it is called the Ceylon moss. It has been much employed by the profession in Calcutta.

Cholera in Central America.—At no time has the destruction of the human race been greater in a given time, by cholera, than at present, in those countries through which this modern pestilence is travelling. In Central America, the destruction of life has been melancholy in the extreme—whole districts are represented to have been depopulated. Without any preparation for meeting the dreadful foe, the people have been swept away with an awful destruction. An impression that the rivers were poisoned seems to be universally diffused, which has led to several barbarous outbreakings against the government, hardly less fearful than the cholera itself.

Poison of the Snake in a Goat's Milk.—At a late meeting of the *Calcutta Medical Society*, Mr. Egerton alluded to a letter which he had received

from the upper provinces on the subject of a snake bite. A goat had been bitten, and the milk of the animal was given to the family, the head of which was affected with sickness; he shortly after quitted home, to which, however, he was soon recalled, and informed that the children were likewise attacked with sickness, as well as his wife. Mr. Egerton descanted on the remarkable circumstance of the venom of the serpent being communicated to the family through the medium of the goat's milk.

Medical Miscellany.—A Life of Hahnemann, the founder of the homœopathic system of prescribing billionth doses of medicine, is about being published, with plates, written by himself. He now resides at Paris, where he contrives, by dint of German perseverance, to keep all the world talking about himself and his system.—The cholera is travelling, with unabated fury, through the cities of Italy. At Marseilles and Trieste the consternation has been very great.—A French baron is making an unusual excitement in London, by his public lectures on animal magnetism.—The term *Albino* is said to be of East Indian origin—meaning a light-shunning beetle, *blatta gigantea*.—A man in England, being sentenced to three years' imprisonment, swallowed seven half crowns, lest they should be taken from him. No bad effects were developed till the expiration of twenty-seven months, when complaining of a slight pain and tenderness of the abdomen, a dose of medicine brought away the whole number.—Dr. Dunbar, of Baltimore, has been appointed Professor of Surgery in the Medical College at Washington.—Dr. J. Pancoast, of Philadelphia, will commence a course of lectures on anatomy and operative surgery, probably the present month. His winter course will open the first of November. Gentlemen belonging to the North, who are desirous of improving as much as possible while they remain in that city, are confidently recommended to take Dr. Pancoast's ticket.—A physician in a neighboring city has been indicted for procuring an abortion, under highly criminal circumstances, the particulars of which may be given hereafter.—The physician of the N. Orleans Charity Hospital, Dr. Stoen, has furnished a very satisfactory notice of the present state of the public health, which shows that the number of yellow fever patients admitted to that institution, is rapidly diminishing.—Ten cases of yellow fever were reported at Natchez on the 19th ult.—Several cases are given in the London Lancet, showing the beneficial effects of the external application of colchicum in gout.—Mr. Wakley, surgeon, of London, and editor of the Lancet, has been again elected Member of the British Parliament for Finsbury.—M. D. Koninck, of Belgium, has discovered a medicine which he calls *phlorizine*, which is an extract from apple-tree bark. Intermittents, which could not be cured by quinine, are represented to have yielded under the potent influence of this article.

DIED.—In Lexington, Mass. Dr. Joseph Fiske, aged 85.—In Newport, R. I., Dr. John P. Mann, 82; Dr. William Turner, a highly esteemed physician, aged 64.—In Framingham, Mass. Dr. John T. Kittredge, aged 26.—In London, Mr. Lynn, aged 84, a distinguished surgeon, and almost the last survivor of the personal friends of John Hunter.—At Princeton, Washington Co., Mi., Dr. Matthew Irvine Millikin, aged 23, late of Charleston, S. C.

Whole number of deaths in Boston, for the week ending Sept. 30, 38. Males, 23—Females, 15.
Consumption, 4—inflammation of the lungs, 1—hooping-cough, 1—dysentery, 5—cholera infantum, 5—by falling of a bank of earth, 1—croup, 1—apoplexy, 1—measles, 1—scarlatina, 1—typhus fever, 1—old age, 1—canker in the bowels, 1—dropsy, 1—diabetes, 1—drowned, 1—diarrhœa, 1—stillborn, 1.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS.

THE Lectures commence on the first Monday of November of each year, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery, (to lecture at the N. York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHINELANDER, M.D., Professor of Anatomy. (Lectures on General, Surgical and Pathological Anatomy.)

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

AMARIAH BRIGHAM, M.D. Lecturer on Special Anatomy.

Demonstrators.—JAMES QUACKENBUSH, M.D., J. B. SWETT, M.D.

The expense of attending a complete course of Lectures by all the Professors, is \$108. The matriculation fee, which is \$5, entitles the student to the use of the College Library. Graduation fee, \$25. Oct. 4—4t. NICOLL H. DERING, M.D., Registrar.

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season. Fees.

Anatomy, by EDWARD REYNOLDS, M.D.*	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles and Operations of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,

Dean of the Faculty of Medicine.

Boston, July 5, 1837.

tNov. 1.

* Professor John C. Warren being in Europe, and having announced his intention not to return this winter, the Corporation of Harvard University have appointed Edward Reynolds, M.D., Lecturer on Anatomy the ensuing winter. Professor Hayward has also been appointed to deliver the Lectures on Operative Surgery. Sept. 27. W. CHANNING, Dean.

[Printers whose papers contain the advertisement of the Lectures, are particularly desired to insert the above.]

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, Nov. 2d, 1837, and it continues seventeen weeks. The several branches are taught as follows, viz :

Principles and Practice of Surgery, by	THOMAS HERRARD, M.D.
Theory and Practice of Medicine, by	ELI IVES, M.D.
Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. and LL. D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Anatomy and Physiology, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each; and for Obstetrics, \$6—amounting to \$76—the whole to be paid in advance. The graduation fee is \$15.

Yale College, Sept. 1, 1837.

Sept. 13—6t

MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

A STATED Meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, Pearl Street, on WEDNESDAY, 4th of October next, at 11 o'clock, A. M. Sept. 29—4m. JOHN HOMANS, Rec. Sec'ry.

THEODORE METCALF—APOTHECARY,

NO. 33 Tremont street, ten doors north of the Tremont House, devotes his chief attention to compounding prescriptions; and assures physicians that, in his establishment, no persons will be entrusted with this duty, except those of skill and experience, and no articles used but those of the best quality.

T. M. keeps no quack medicines, but chooses to rely for support upon regular practitioners and their patients. He is permitted to refer to Drs. Jackson and Reynolds.

May 21.

3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVII.]

WEDNESDAY, OCTOBER 11, 1837.

[NO. 10.]

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.

NO. III. — BY DAVID KING, JR. M.D., NEWPORT.

“What are the causes and nature of CHOLERA INFANTUM, and the best mode of treatment to be employed therein?”

[Concluded from page 138.]

CHOLERA INFANTUM frequently terminates in chronic diarrhœa. The stomach is very much enfeebled, and incapable of performing its functions. Its irritability increases with its debility, and it rejects, almost immediately, whatever nourishment may be taken. The skin is dry and withered, the patient restless and irritable. The stools vary in appearance, according to the existence of acidity, the state of the hepatic secretion, and the degree of inflammation. If the evacuations be sour, greenish, watery and frothy, alkaline and cretaceous preparations should be employed, as—

R. Creta ppt. ʒij. or Carb. Sodæ ʒjss.

Tinct. Thebaïc. gtt. xx.—xxx.

Ol. Cinnam. gt. j.

Sacch. Alb. ʒij.

Aq. Font. ʒijj.

M. st. Julap. (Dewees.)

S. tea-spoonful every two, three, or four hours.

Dr. Kuhn, of Philadelphia, was in the habit of giving a tea-spoonful of the following mixture every two hours, to correct acidity.

R. Magnesiæ calcin. ʒiv.

Pulv. G. Arab. ʒj.

Sacch. Alb. ʒij.

Aq. Menth. ʒss.

Aq. Fontanæ ʒijss.

M. adde Aq. Ammoniac, pur. gtt. xlviij. to clxiv. according to the age of the patient.

Preparations of rhubarb will also be useful, from their tonic effect on the stomach and bowels. A tea-spoonful of spiced or simple syrup of rhubarb, combined with a small quantity of laudanum, may be given every three hours till it checks the too frequent discharges. To correct the functional disorder of the liver, one fourth of a grain of calomel, with one half of a grain of Dover's powder, or one twentieth of a grain of opium, may be given every four hours. A few grains of prepared chalk may be added to each powder, to correct the acidity of the primæ viæ.

To prevent the too sudden suppression of the discharges, the bowels must be regulated by an occasional dose of castor oil, with a few drops of laudanum.

When the tongue is dry and coated, or dry, smooth and polished,* the discharges black, pitchy, and exhausting, and the skin of a shrivelled appearance, Dr. Cartwright advises a little of the ext. of white walnut, one fifth of a grain of acet. plumbi, and a very minute portion of opium, given every three or four hours. He also uses the croton oil, for the exhausting discharges; one third of a drop, in syrup of roses, may be given to a child a year old, when the abdomen is tense, sore and swollen, and the pulsation of the carotids is quick and weak.

When we have evidence of a tendency to structural changes in the mucous membrane, the stools being slimy, watery, of a red color, and like the washings of flesh, the abdomen tender on pressure, the patient drawing up his legs when lying down, the pulse rapid, and the emaciation general, two or three leeches or a blister may be applied to the abdomen. These measures may be followed by the renewed application of large emollient poultices, and the frequent use of small doses of calomel and opium, or of hyd. cum creta, and sub carbonate of soda, with camphorated tincture of opium, in mucilage of gum arabic.

If the tongue be loaded and the stools slimy, the balsam of copaiva, in doses of five or six drops, or the spirits of turpentine in doses from five to twenty drops, with a drop or two of laudanum, may be given, with benefit, three or four times a day.

When the signs of follicular ulceration are decided, and the stools are mixed with purulent matter, small doses of the chlorate of lime, or of the chloride of soda, may be administered. The nitrate of silver, dissolved in gum arabic water, in doses of half a grain, with one or two drops of laudanum, the sulphate of iron, and the sulphate of copper, in doses of one eighth of a grain, with one twentieth of a grain of opium, are advised by Dr. Eberle, three or four times in a day.

The other indications of this disease are to support the strength, and restore the healthy tone of the organism. In the acute stage of this disease, the debility of all the important functions, especially the vital functions of the respiratory and circulating systems, is caused by an excessive irritation of the innumerable follicles of the intestinal mucous membrane. To remove this prostration, we must not apply to the irritated membrane tonics, stimulants, and astringents, but administer remedies calculated to soothe irritation, and prevent inflammatory action. By applying stimulants and counter-irritants to the skin, we shall allay the secretory irritation, and restore the exhausted functions. If the prostration be excessive, in the early stages, frictions, with stimulating liniments, as equal parts of aq. ammoniæ and oil of amber, or fomentations with hot brandy, containing a few pods of red pepper, and the internal administration of a few drops of tincture of cinnamon or a little wine whey, may be resorted to with advantage.

The advanced stages of the complaint are more adapted to the use of

* When the discharges are acrid, dark colored and offensive, Dr. Condie gives from five to ten grains of pulverized charcoal, four grains of Rhei, and one grain of ipecac., every three or four hours.

tonics, stimulants, and astringents. For severe colic pains, from flatulent distention of the stomach and bowels, Dr. Eberle uses from ten to fifteen drops of the following solution, three or four times daily.

R. Ol. Juniper 3ij.
Sulph. Æther 3ss.
Tinct. Opii gtt. lx.
M. ft.

When the hepatic secretion has become healthy, astringents and tonics will be of service to restore the tone of the intestinal mucous membrane. For this purpose we may use a decoction of black berry root, or of geranium maculatum, in milk, or of pomegranate bark and flowers; or an infusion of columbo root, or of logwood; or a combination of chalk mixture with tinct. of kino, or sulphate of quinine in syrup of roses. Dr. Chapman uses the supersaturated sulphate of iron.

R. Sal Martis gr. ij.
Acid Sulph. Dil. gtt. x.
Sacch. Alb. 3j.
Aq. Font. 3j.
M. 3j. pro dosi.

Dr. Eberle has found a mixture of equal parts of lime water and infusion of Peruvian bark most beneficial in restoring the tone of the alimentary canal. He gives a dessert spoonful of this mixture, with four or five drops of tinct. of kino, in a solution of gum arabic, four or five times daily. During convalescence, the abdomen should be bound in a flannel roller.

The diet must consist almost exclusively of breast milk, in infants under the age of a twelve month, or who have been recently weaned. A healthy wet nurse should always be procured for children who have been weaned at an improper age or season. Gum arabic water may be given, occasionally, where the child is affected with excessive thirst. In children who have been weaned, or who will not nurse, barley or rice water and milk, toast water, gum arabic water, soda water, marshmallow tea, infusion of toasted oatmeal, and liquid farinaceous preparations of arrow-root, tapioca, sago, rice and boiled flour, will constitute proper articles of nourishment. In the protracted form of the disease, beef tea, chicken tea, and animal broths, will be of service. Dr. Rush advises a more stimulating diet, as salted meats, where the child has an instinctive craving for them. A removal from the city to the country, or to the sea side, exerts a most salutary effect upon this disease. A change of air cannot be too highly appreciated as a means of cure. If the advantage of a removal from the town to the country cannot be enjoyed, the child's residence may be changed from a low and moist to a high and dry situation, and he may be daily exposed to the fresh air, either by being carried out by means of attendants, or by frequent rides into the country. When the patient has been restored by a removal to the country, he should not be returned to the city until the middle of October, or while the miasm of cholera infantum continues to prevail.

Prophylaxis.—The prophylactic measures consist in protecting the infant from the action of the specific miasm, and in guarding it against the effects of the concurrent causes of the disease.

First, the specific miasm. Dr. Caldwell has suggested, in his dissertation on malaria,* the following preventive measures.

1. The best and only certain means of protecting infants from cholera infantum, is to allow them to pass their summer in the country. 2. The next best plan of security, is to allow the patient to sleep in the country every night, during the summer months; because exposure to the miasm, at night, during the inaction of sleep, is more dangerous than exposure during the day. 3. Where these measures are not convenient, the child should pass his nights and days, when at home, in the upper stories; because the febrile miasm does not rise to the highest stories of lofty city dwellings, or, at least, does not reach them in a state of full concentration and strength. 4. A few hours exercise daily, in the open air, especially in the country, without the limits of the malaria, will contribute to maintain the vigor of the system, and to protect it from the disease. The coolness of evening, and the extreme heat of noon-time, should, however, be avoided. 5. An artificial eruption on the skin, by maintaining a centrifugal action, would probably protect the system from the influence of the miasm. Children affected with prickly heat escape cholera infantum, unless from sudden change of the atmosphere, or other cause, the eruption disappears.

Beside these means, the child should be clothed in flannel, and the lower extremities kept warm by the use of worsted stockings. The frequent immersion of the child in cool water, and the use of the tepid bath, will promote cleanliness, invigorate the system, and render it less susceptible to the action of the miasm.

It is important that the child be cool and comfortable during sleep. The child's bed should consist of a mattress, or of folded blankets laid on the floor, and light covering. The air of his sleeping apartment should be rendered cool, and as pure as possible; the door of the room being kept open, and the windows with the shutters closed, if he sleep in the upper stories.

Dr. Parrish recommends the free use of cool and fresh water, during the heat of summer; and in infants predisposed to the disease, moderate quantities of weak infusions of ginger, nutmeg and cinnamon. The tone of the stomach, in languid infants, is raised by the moderate use of spices, pepper, cloves, and the sucking of small pieces of salt meat, as ham or dried beef.

Dr. Rush advises the use of sound old wine in the summer months. "From a tea-spoonful to half a wine-glassful, according to the age of the child, may be given every day. It is remarkable that the children of persons in easy circumstances, who sip occasionally, with their parents, the remains of a glass of wine after dinner, are much less subject to this disorder than the children of poor people, who are without the benefit of that article of diet." Dr. Eberle has found the use of small portions of porter and water beneficial in feeble and relaxed infants, as a preventive to bowel complaints. Farinaceous preparations of arrow-root, sago and tapioca, and weak animal broths, form the best nourishment for children

* American Journal of Medical Sciences, No. xvi., 1831, p. 330.

who have been weaned. The occasional use of a moderate quantity of salted meat is advised by Dr. Rush. In children who have not been weaned, healthy breast milk must constitute the chief nourishment.

Other important prophylactic remedies will now be enumerated, as necessary to guard the infant against the ill effects of *dentition*. The preventive measures are:—1st. Exercise in the open air. 2d. Daily cold sponging, followed by friction. 3d. Particular attention to produce coolness of the head; washing the head, daily, with cold water. 4th. Proper regulation of the diet. The nurse should avoid stimulants in her food and drinks. The child should take the breast often, but not long at a time, to prevent overfeeding. 5th. Attention to the state of the gums. Painful tension should be relieved by a free incision of the gum and capsule; and if the advancing tooth be double, a crucial incision should be preferred. 6th. Gentle laxatives, when plethora exists, or where the customary salivation is not present. 7th. Blisters, or the occasional application of one or two leeches behind the ears, if there be determination of blood to the head. 8th. Avoid premature weaning, as within the year, or weaning at an improper season, as between the months of May and October.

ON THE INDISTINCTNESS OF IMAGES FORMED FROM OBLIQUE RAYS OF LIGHT.

[Communicated for the Boston Medical and Surgical Journal.]

It is well known that only those rays of light proceeding from objects to which our attention is turned, strike the cornea in directions parallel, or very nearly so, to the axis of vision; and that such rays are consequently concentrated upon that portion of the retina which immediately surrounds the point where the axis passes through it. Images formed by rays thus transmitted, are the only ones which can be called truly distinct.

It must have fallen under the observation of every one, that to whatever object the eye is turned, it is that alone of which we have a distinct impression; and that the images of those objects which surround it are indistinct in proportion to their distance from it. For example—let the eye be directed to a word in the middle of a line; of that we have a distinct impression; of the words on either side, the images will not be quite so well defined; but of those at either end of the line, they are so confused that it is impossible to distinguish even the different letters.

This indistinctness of images which fall on portions of the retina not situated in the axis of vision, has been explained in various ways. Some physiologists* suppose that point of the retina most sensible which corresponds to the axis of vision; while those portions which are at a greater or less distance from it, have their sensibility diminished in proportion as their distance from the central point is greater. The whole may be more satisfactorily explained as follows:—

* Vide Bostock's Physiology. Vol. III. Article, Vision.

1. Images formed from rays which are oblique to the axis of vision, have a degree of illumination inferior to that which results from direct light. If we hold a card, in which there is a circular aperture, so that the light, coming from a candle, shall strike it at right angles, the image formed on the wall will be exactly like the card; but if the card be turned obliquely to the light, the image becomes altered in its shape, and instead of a circular spot in its centre, it will have an oval one; and of course less light will be transmitted through the aperture in the card, since in the first case the image was round, whereas in the last it was oval, consequently covering less space. It is obvious that the aperture of the iris will transmit the greatest quantity of light, when the rays have a direction perpendicular to its plane, and that the quantity will be less in proportion as the obliquity of that plane to the rays is greater. So that the images of those objects to which the eye is directed, or, in other words, whose rays are perpendicular to the plane of the iris, will have the greatest degree of illumination; while those, the direction of whose light is more or less oblique, will have their degree of illumination diminished in proportion to the magnitude of that obliquity.

2. Those rays which are situated nearer to the lens than the focal distance, have a corresponding indistinctness. If in a darkened room we place a convex lens in the hole of a window shutter, and receive the images of external objects, as of a landscape, or a plane surface, or a screen, we find that those images are not equally defined in all parts; that while the centre of the picture is well defined, the circumference is not so; but by varying the distance a little, the one becomes distinct and the other in its turn indistinct. But if instead of a plane we substitute a screen whose surface is a portion of a sphere, the radius of which is equal to the focal distance of the lens, and place the last in a position corresponding to the centre of the sphere, then we shall have a picture at the same time equally distinct throughout. The reason of this is obvious; the same lens must have the same focal distance for all the rays which pass through it, direct as well as oblique; consequently, in order that light transmitted should form distinct images, the surface on which they are received should be equally distant, in all its parts, from the centre of the lens. This condition evidently cannot exist when a plane surface is used, for only one point can at the same time be situated at a distance equal to the focal distance; but, as we have seen, the concave spherical surface gives us the necessary conditions.

How is it with the eye? We find that the retina or screen on which the images are received is a spherical surface; the lens, however, is not situated in its centre. We know that its situation is anterior to the vitreous humor, and that the latter occupies about two thirds of the cavity of the ball; consequently the lens cannot be equally distant from all parts of the retina, inasmuch as it does not correspond with its centre, which is situated somewhere in the vitreous humor. Now that point of the retina which corresponds to the axis of vision is the only one on which distinct images are formed, and this, of course, corresponds to the focal distance, and at the same time is situated at the greatest distance from the lens. As all other parts of the retina must be at a less dis-

tance from the lens, there will necessarily exist a deficiency in the convergence of the rays, and in proportion as this deficiency is greater, or the distance of the illuminated point from the lens is less, the picture formed on the retina will be less distinctly marked.

From these results it appears that images formed by direct light are alone truly distinct, for they are the only ones whose distance from the centre of the lens is equal to its focal distance; their degree of illumination also is greater than that of images resulting from oblique rays, because, as we have seen, more light is transmitted through the aperture of the iris, when it is at right angles to the direction of rays, than when there exists any variation from this condition. Moreover, we can have a distinct impression of only one portion of a picture at the same time, and that in all cases is the one to which the eye is directly turned; from this results that constant change of direction in the eye, that "constant searching," as it is called, when we look at a picture, landscape, or any number of objects, or parts of objects; since they cannot all be seen equally distinct at the same time, the direction of the organ of vision is changed, that all the oblique rays may in turn become direct.

A curious fact has been observed by astronomers, especially by Mr. Herschel and Sir James South, which would seem to contradict what has been advanced above, viz., that in looking at very small stars, these were only visible when the eye was turned to another part of the field of the telescope, so that the stars were seen by oblique instead of direct rays; their images falling consequently on portions of the retina more or less distant from the axis of vision. This seems to be satisfactorily accounted for by Dr. Brewster as follows; objects seen indirectly are represented by images, which from the want of convergency in the rays are more diffused, and consequently occupy a larger space on the retina. Although in this case the image would be less distinct, yet from experiments recorded on page 249 of Brewster's treatise on optics, it would seem that the retina is not sensible to very small luminous points; these are perfectly distinct, however, when the position of the image is so varied, as in the case of the astronomers, as to occupy a larger portion of the retina—and this last condition is attained by causing the image to fall on a portion of the retina where the degree of convergence is more or less deficient.

J. W.

Boston, Sept. 29th, 1837.

AMATIVENESS VS. PHRENOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

THE case of Nymphomania in a late No. of the Journal, must be acknowledged to weigh heavy against such evidence as is produced by Phrenologists to support their system. It comes as near the character of a positive fact, as the nature of pathological investigations allows us to hope for. When to this is added the case of a young idiotic female addicted to masturbation, published by Cruvelhier some years since, in

whom the cerebellum was wanting, and in whom he inferred, from the appearances present, that it had never existed, the frailty of the whole theory is obvious.

The sum and substance of the evidence in favor of the cerebellum being the organ of amativeness, derived from affections of the head, is this ;—that excitement of the genital organs sometimes takes place when this portion of the encephalon is diseased ; and that the frequency of erection and seminal emission during sleep, and especially while lying on the back, can best be explained on the supposition of congestion of blood there, by its weight.

With respect to the first of these arguments, it is incumbent on phrenologists to prove, not only that it is a constant fact, but that there is no accompanying circumstance which might give rise to the phenomena in question, and which is intermediate between the diseased action itself, and the consequence attributed to it. In both these points it fails. But a fractional part of those cases, in which the cerebellum is found diseased after death, exhibit the functional disturbance during life ; while the two cases above show functional derangement, where neither the irritation nor the inflammation necessary to produce it could have existed. Again, whether we suppose the cerebellum to be the organ of sensation, or that, whose office is to secrete the stimulus to muscular contraction subservient to the will, the amatory excitement which occasionally attends its disorders might be explained as a secondary consequence, on as good grounds as (waving all direct evidence against it) are now urged by phrenologists to show its *immediate* and *direct* dependence, as of a function upon its appropriate organ.

This observation will, I believe, be justified by some considerations which seem to indicate a connection between what is called amativeness, and the general distribution of nervous excitement through the system. Phrenologists seem to have left unnoticed the consent and sympathy that prevails between the genito-urinary organs and the rectum, and the inference that may be derived from thence that they are often affected by one common cause.

Lallemand, in his late work on seminal emissions, says that he has been consulted on 150 cases which were supposed to be diseases of the brain, but which he found to depend either on the local irritation of gonorrhœa or masturbation, or sympathetic irritation from retention of urine, hardened fæces, and ascarides in the rectum, and a large proportion of which were benefited by local applications. Cantharides and strychnine produce priapism, increase the desire, and have been known to restore virility after it has been lost. Such is the consent between the action of the sphincters of the rectum and bladder, and priapism and seminal emission, that we are almost justified in referring the latter to a modification of the same cause with the former. In apoplexy, epilepsy, and asphyxia from strangulation, especially this last, the urine, fæces and semen often pass off involuntarily. In sleep, at the period of infancy, the fæces, in childhood the urine, and after the age of puberty the semen, pass away in the same manner. In the waking state the will controls, to a certain extent, all of these. In sleep, the power

of habit, which is relatively weaker over the ejaculatory duct than over the other sphincters, controls and counteracts, within its peculiar limits, the stimulus of distention. The physiological explanation of these facts consists in supposing these evacuations to be restrained by the same nervous influence, whose tendency is to be distributed or withheld from the sphincter muscles consentaneously, but which tendency is modified by habit and volition. That this nervous influence is derived from the lower part of the spinal marrow, we have a right to infer from the paralysis of these muscles in conjunction with those of the inferior extremities in concussion of the spine, and from their constriction in spinal irritation and tetanus. Some experiments performed by Brachet, of Paris, have been thought to prove, conclusively, that while this nervous influence was derived from the spinal marrow, that which propels the contents of the bladder and colon onward is from the ganglionic system.

It is much more easy to conceive of the emission of semen in this way, than to account for the priapism itself, which is the first step of the process. This difficulty would probably vanish if we were acquainted with the intimate structure of the erectile tissues. Whatever that structure may be, whether cells, venous plexuses, or helicine arteries, this much is certain, that there is a contractile power in it, subject to a nervous influence; for a moral idea, a sympathetic irritation, or a local one, suffice to direct the blood into it so as to produce erection. Now this influence must either be of a nature to produce relaxation of the cells or their openings, stricture of their outlets, or it must increase the vis a tergo. No one will maintain that its primary operation is to increase the action of the heart or of the arteries; and since the effect of agents which produce contraction, as cold and galvanism, is to lessen the size of the organ, we have the most reason to conclude that erection takes place in consequence of relaxation of its tissue, and is not unlike the distention and fulness of the capillaries in congestion or inflammation. The opposing force to the contractility of the erectile tissue being the action of the heart and the arterial system, whatever increases the latter without increasing, *in the same ratio*, the former, or diminishes the first, without diminishing, in the same ratio, the last, is liable to produce erection and all the circumstances attending it. It is, then, easy to perceive why this erection is so common in sleep, and why, in particular, when lying on the back.

In sleep there is a general relaxation of the muscles which receive their nervous influence from the brain and spinal marrow, and, what is remarkable, it takes place in tetanus, where the violent muscular spasms arise independent of the will. When the patient falls asleep in the intervals between the paroxysms of this disease, the rigidity of the muscles at those times present, gives way to a state of complete flexibility. The nervous influence is then withdrawn to a degree beyond what might be expected from the consciousness of the patient—to a degree beyond that in which he is sensible of a contractile effort. And though this is made known to us by a morbid condition of the system, why may not the fact be applied to its healthy condition? In the blush of shame, and pale-

ness from fear, we notice the influence of the brain on the contraction of the capillaries. Relaxation of the skin is often manifested in sleep by a tendency to perspiration and night sweats. Physiological experiments prove that the capillaries can be injected with much greater ease when the nerves of a part have been cut or tied. Is it not reasonable to suppose that after the suspension of all stimulus to volition, sensation and reflection, there may be a further withdrawal, which would leave the capillaries and the erectile tissue (nearly allied in nature) more disposed to yield to the distending force constantly exerted upon them? Certainly it is more just than to suppose erection to be connected with congestion of blood in the cerebellum, from the recumbent posture, when it can be proved conclusively that the cerebrum must share in greater proportion with it, any change of circulation in consequence of change of position.

We can see, from this view, why erection takes place so much more frequently when lying on the back, than on the side. Lying on the side is a constrained position. Some muscular exertion is necessary to maintain it. But in lying on the back, relaxation is complete; there is no muscular effort, consequently no emanation from the brain.

But it may be objected, that erection sometimes occurs in tetanus, when the stimulating influence of the nerves directed to the capillaries and erectile tissue is greater than ordinary. To this objection we may reply, that though this influence may be somewhat increased, it is not increased in proportion to the action of the heart and large arteries, which is evidenced by the profuse perspiration in the fits, and by the fact that amputation has been performed in this disease, and the large arteries contracted so as to prevent hæmorrhage, without the application of ligatures. Besides, it has been rarely observed in this disease. The existence of the venereal desire, in cases where erection and seminal emission take place, there is every reason to believe, is an effect rather than a cause, and is referable to that law by which any local impression in dreams suggests ideas, bearing relation to it, and calls into activity appetites, passions, and whatever has morally or physically been associated with it.

The condition of the brain, in these instances, resembles the first stage of excitive apoplexy; and when we consider how often apoplexy is a result of the venereal orgasm, and that universal relaxation attends both, producing all the evacuations referred to above, we may justly infer that they are more related to each other, as general affections of the brain, than that venereal excitement is simply a morbid manifestation of the function of the cerebellum.

The turgescence of the vessels of the head and of the neck, and the convulsive beating of the heart, it should be remembered, which attend the venereal act, differ not in the least from the effects consequent upon any violent excitement of the brain, whether moral or physical.

Finally, on the principles adopted by phrenologists themselves, there is as much reason to assign the "function" to the spinal marrow as to the cerebellum; for if the blood gravitates in the cavity of the brain and spinal marrow, more than the cerebral substance and the cephalo-

spinal fluid, the spinal marrow being lower than the cerebellum, must receive the most of it. Add to this the fact that lesions of the spinal marrow have been attended with priapism, &c., and we have evidence of the same specific gravity, in favor of the spinal marrow being the organ of amateness, as we have of the cerebellum. B. D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 11, 1837.

MASSACHUSETTS MEDICAL SOCIETY.

At a meeting of the Counsellors of this Society, at the Athenæum, on Wednesday last, Oct. 4th, twenty-two members were present—George C. Shattuck, M.D., the President of the Society, in the chair. After the records of the last meeting had been read, by Dr. Homans, the Council proceeded to the consideration of the ordinary business which usually accumulates in the hands of the Secretaries. A letter was received from Dr. Ebenezer Alden, of Randolph, announcing his acceptance of the appointment to deliver the next annual address. This was a happy selection, and the Society may anticipate something worth hearing.

Dr. Charles Hastings, of Worcester, England, Secretary of the Provincial Medical Society, an eminently distinguished gentleman in the profession, was elected an honorary member. Thomas Miner, M.D., of Middletown, late President of the Medical Society of the State of Connecticut, was also elected an honorary member, together with Usher Parsons, M.D., of the City of Providence, President of the Rhode Island Medical Society. Luther V. Bell, M.D., of Charlestown, late of New Hampshire, was admitted to a fellowship. The Corresponding Secretary, Dr. Hale, of Boston, then read the names of twenty-nine gentlemen, settled in various parts of the Commonwealth, who have become fellows by signing the by-laws. As soon as we can procure a correct list, it is our intention to publish both their names and residences. A communication from the Censors of the Second District, who hold their meetings at Worcester, was disposed of as they probably expected.

Another Part of Copland's Dictionary, that *celebrated invisible work* in this latitude, is to be obtained, if possible, for distribution on the next anniversary; but in case of failure, a volume of the lectures of Mr. John Hunter may be expected.

Some minor matters engaged the attention of the Council, but in the foregoing sketch the substance of their doings has been given. Although the day was cold, a cheerful fire contributed to make the room very comfortable, and the meeting, taken altogether, was less stiff and formal than in times past. Dr. Miller, the Vice President, arrived too late to take a seat before the adjournment.

Pulmonary Consumption in the West Indies.—From the New York American, a correspondent has taken the following article, which came to our address in a letter, with a request that it might appear in the Jour-

nal. It is accordingly introduced, with the hope that it will elicit from gentlemen who are conversant with the West Indies, a true statement of the facts. From Dr. Tuckerman, we should be pleased to receive a statement in relation to the actual mortality of consumptives in those islands where he has resided.

"A few days ago I noticed in the American a very seductive article respecting the climate of St. Croix, and simultaneously with it, appeared another from the Rev. Mr. Tuckerman, in the Boston Medical and Surgical Journal. I am especially inclined to send you this communication, by the circumstance of the latter having appeared under the sanction of a name of high authority in medicine.

"It is not my purpose to enter into a discussion of this subject. I shall content myself with stating the results which have been obtained by the most enlightened medical inquirers. This may be done by a short extract from a late author of the highest celebrity, Dr. James Clarke.*

"The mortality from consumption,' says Dr. Clarke, 'is greater in the West Indies than any other station, and least at the Cape of Good Hope and the East Indies. The great prevalence of consumption in the West Indies I consider one of the most remarkable results of my researches. It confirms, in a striking manner, the opinion I gave in another work on the injurious effects of that climate on consumptive patients sent there from this country.† The general mortality is also greater in the West Indies than on any other station, with the exception of the west coast of Africa.'

"I may also say, it is the result of critical inquiry by European physicians, that the climate of Madeira is not inferior to that of the Cape of Good Hope in its adaptation to phthisical patients. The excessive heat of the West Indies is also considered, in itself, an insuperable objection.

"Very few Europeans visit the West Indies for the improvement of health. The migration thither is almost confined to Americans, who are too little inclined to profit by the experience of others. MEDICUS."

Dr. Joshua B. Flint.—This gentleman is now on his way to Louisville, to enter upon the course of surgical instruction assigned him by the trustees of the new medical school in that city. From years of acquaintance, we can speak with confidence of his ability. For several seasons, in succession, we were associated in giving a series of anatomical lectures, for which he was exceedingly well qualified. In the department of surgery we are inclined to believe he will manifest the whole strength of his mind. We have no hesitation in saying that there is not a member of the medical profession in Boston, of his age, who is better qualified, by systematic study, for the station to which he has been called, than Dr. Flint. He has our best wishes for his success in the discharge of the complicated and arduous duties belonging to the chair which he is about to fill, and we trust his new connection will be attended with honor to himself and to the Louisville Institute.

Charitable Eye and Ear Infirmary.—In consequence of the new class of duties devolving upon Dr. Reynolds, the ensuing winter, the whole care of the infirmary necessarily falls upon Dr. Jeffries. A lecture room has been fitted up in proper order, in which we hope Dr. J. will

* A Treatise on Pulmonary Consumption, p. 156. 1835.

† Influence of Climate, p. 115, &c.

open a course of instruction on diseases of the eye, simultaneously with those at the college, which should be attended by every student matriculated by the faculty. Medical strangers, visiting Boston, should visit the infirmary, without failure, as it is decidedly one of the noblest and best conducted charities in the city, although in comparative infancy.

Scarlatina.—Our old friend and early anatomical instructor, William Ingalls, M.D., formerly engaged in extensive practice in this city, from which he had the good fortune to withdraw himself before he was quite worn out, has addressed a letter to his son, Dr. William Ingalls, Jr., on the subject of "*Scarlatina*, in which is contained cases of angina sine efflorescentia; scarlatina anginosa; benigna, maligna vel angina gangrenosa; and their sequelæ, &c.," which has been recently published, and will be more particularly made known to our readers forthwith. We supposed that Dr. Ingalls, in the enjoyments of the splendid mountain scenery by which his residence in the country is bounded, would never trouble himself again with professional concerns. In this, however, we are happy to find ourselves totally mistaken. His active mind is still exercised upon his favorite science.

Special Anatomy.—An inquirer wishes us to state what *two* professors of anatomy have to do in the College of Physicians and Surgeons, at New York. Dr. Rhinelander is expressly declared to be Professor of Anatomy—and that he lectures, also, on General, Surgical and Pathological Anatomy. One would suppose, says our correspondent, that this gentleman had quite labor enough imposed upon him by the regents, and that he must necessarily embrace every thread and fibre belonging to the domain of human anatomy. But a lecturer on *Special Anatomy* is added at the bottom of the list of professors; and for what? Is it for sponging an extra fee? says the inquirer, or is it a contrivance to discharge an old obligation, to a favorite, in the most economical way? Perhaps Dr. Rhinelander could explain the paradox, which would have more weight in convincing the querist, than declarations from any other source.

Great Natural Soda Fountain.—The Rev. Mr. Spaulding, of the Missionary service, in a letter, just published, dated Sept. 20, 1836, from Fort Vancouver, west of the Rocky Mountains, says that three days before reaching Fort Hall, he passed what he considered one of the greatest curiosities in the world—a natural soda fountain, of unknown extent. It has several openings, one of them about fifteen feet in diameter, with no discovered bottom. About twelve feet below the surface, are two large globes, on either side of the orifice, from which the effervescence seems to rise. A few minutes after dropping in a stone, the fountain is thrown into violent agitation. Another of the openings, only about four inches in diameter, is through an elevated rock, from which the water spouts at intervals of about forty seconds.

The water, in all its properties, is equal to any artificial fountain, and is constantly foaming and sparkling. Those who visit these magnificent and exhaustless reservoirs, drink prodigious quantities, with good effect to health. Perhaps, continues Mr. Spaulding, in the days when a railroad connects the waters of the Columbia with those of the Missouri,

this fountain may be the source of great gain to the company that shall accomplish such a noble work, if they are beforehand in securing it. He is confident that if visitors can go from the far east to visit the magnificent falls of Niagara, they would not value a few more days' travel into the west, to contemplate the wonder and taste of the invigorating water of the great natural soda fountain of the Rocky Mountains.

Report of the Committee on Hernia.—To our surprise, the report, before alluded to, on the subject of Dr. Chase's truss, for the radical cure of hernia, makes a volume of two hundred and forty-three octavo pages, with numerous notes, by Heber Chase, M.D. Were it extensively circulated, it would have the two-fold effect of pioneering the way for the instrument and giving information of the philosophy of its action.

Arrest of Uterine Hæmorrhage by Compression of the Aorta.—M. Baudelocque, of Paris, has, for some years, been in the habit of using external compression in cases of uterine hæmorrhage. The pressure is made by the fingers of the right hand, applied, while the patient is on her back, about an inch above the umbilicus. The intestines gradually yield, to the right and left, and the vessel will be felt, pulsating, a little on the left side of the vertebral column. If the fingers of the left hand be applied to the femoral arteries, it will be found that all pulsation has ceased. The remedy has also been applied in cases of hæmorrhage arising from injury of the arteries of the leg or thigh.

New Theory of the Circulation.—Mr. J. R. Wood, of Manchester, Eng., has published what he considers a new theory of the circulation of the blood. He supposes that the iron, which is proved to exist in the blood of all animals, is, by some modification of electricity, an agent in this process, the external surface being in one electrical condition and the internal surface of the lungs in an opposite condition. The venous blood, he supposes, being in a state of electricity similar to that of the external surface, is repelled from the extremities, and attracted internally; while the arterial blood, being in a state similar to the interior, is repelled thence, and attracted to the extremities. By this explanation we are not compelled to assent to the incredible muscular force of the heart which the laws of hydraulics would require, nor to admit the expansibility and contractility of the bloodvessels, which we do not perceive them to possess.

Large Bleedings in Purpura.—Mr. Elliotson has lately treated a case of purpura, successfully, by large bleedings. The patient, a man aged 45, of spare habit, regular life, and who had always enjoyed good health with the exception of an attack of rheumatism and the influenza, was bled to the amount of 150 ounces from the 25th of April to the 22d of June, and yet he was stronger at the expiration of that period than at the commencement. He was discharged on the 25th of June, nearly cured.

Treatment of Tinea.—Dr. Schneider recommends strongly the following method of treatment in cases of tinea:—

A circumscribed portion of the eruption is covered with Jasser's ointment, composed of

Sulphur. purificat. ;
Vitriol. alb. ; āā 3 ij.
Arung. recent. 3 vj. M., ft. unguentum.

In a few days the crusts begin to split, and soon fall off; the secretions change their character, and a cure is rapidly obtained.

A mercurial purge is given every eight days, and the child takes for drink a decoction of the woods.

The mean duration of the treatment is from four to five weeks.

Use of the Air Pump in Strangulated Hernia.—In five cases of strangulated hernia, lately treated by Dr. Reuter, he assures us that he succeeded in reducing three by means of the air-pump (*saug punpe*), although the symptoms of strangulation were of the most unequivocal nature. In the fourth case, the exhausting pump produced little or no relief, and an operation became necessary. In the fifth case (one of crural hernia), it also became necessary to operate. This case terminated favorably, although the intestine was extremely discolored. On opening the hernial sac a great quantity of serum was discharged from the cavity of the abdomen.—*Berlin Med. Zeit. Mai 17, 1837.*

Preservation of Animal Substances.—M. Gannal, of Paris, has discovered that the substance most efficacious for preserving dead bodies is the acetate of alumina, with which a dead body may be preserved for a long time as effectually as if embalmed, and at a very trifling expense. The aluminous fluid may be introduced by the carotid artery, and any desiccation produced may be counteracted by a layer of varnish. The preservation of specimens of natural history for museums may be henceforth effected with a great saving of labor and cost, and the study of anatomy may be pursued with comfort at all seasons of the year.

TO CORRESPONDENTS.—The communications of Mesmer, W. A. A., and other papers, are on file for insertion. The request of J. W. G. will be complied with.

DIED.—In Richmond, Va., Dr. William Reid McGaw, aged 43.

Whole number of deaths in Boston, for the week ending Oct. 7, 42. Males, 22—Females, 20.

Consumption, 4—intemperance, 1—brain fever, 1—paresis, 1—old age, 3—cholera morbus, 1—diarrhœa, 2—typhus fever, 2—cholera infantum, 2—inflammation of the lungs, 1—croup, 2—inflammation of the epiglottis, 1—dropsy on the chest, 1—dysentery, 1—throat distemper, 1—measles, 1—scarlatina, 1—teething, 1—hooping cough, 1—scrofula, 1—canker in the bowels, 1—stillborn, 1.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
 ASA B. SNOW, M.D.
 E. WALTER LEACH, M.D.
 HENRY G. CLARK, M.D.
 JOSEPH MORTARTY, M.D.

Boston, August 9, 1837.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS.

THE Lectures commence on the first Monday of November of each year, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery, (to lecture at the N. York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicinæ.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHINELANDER, M.D., Professor of Anatomy. (Lectures on General, Surgical and Pathological Anatomy.)

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

AMARIAH BRIGHAM, M.D. Lecturer on Special Anatomy.

Demonstrators.—JAMES QUACKENBUSH, M.D., J. B. SWETT, M.D.

The expense of attending a complete course of Lectures by all the Professors, is \$108. The matriculation fee, which is \$5, entitles the student to the use of the College Library. Graduation fee, \$25.

Oct. 4—4.

NICOLL H. DERING, M.D., Registrar.

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season. *Fees.*

Anatomy, by EDWARD REYNOLDS, M.D.*	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles and Operations of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,

Dean of the Faculty of Medicine.

Boston, July 5, 1837.

tNov. 1.

* Professor John C. Warren being in Europe, and having announced his intention not to return this winter, the Corporation of Harvard University have appointed Edward Reynolds, M.D., Lecturer on Anatomy the ensuing winter. Professor Hayward has also been appointed to deliver the Lectures on Operative Surgery. Sept. 27.

W. CHANNING, Dean.

[Printers whose papers contain the advertisement of the Lectures, are particularly desired to insert the above.]

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, Nov. 24, 1837, and it continues seventeen weeks. The several branches are taught as follows, viz :

Principles and Practice of Surgery, by	THOMAS HUBBARD, M.D.
Theory and Practice of Medicine, by	ELI IVES, M.D.
Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. and LL. D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Anatomy and Physiology, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each; and for Obstetrics, \$6—amounting to \$76—the whole to be paid in advance. The graduation fee is \$15.

Yale College, Sept. 1, 1837.

Sept. 13—6t

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.75 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper

THE
BOSTON MEDICAL AND SURGICAL
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WEDNESDAY, OCTOBER 18, 1837.

[NO. 11.]

ON THE USE OF CONIUM FOR THE PALLIATION OF CANCER.

FROM SIGMOND'S LECTURES ON THE MATERIA MEDICA.

THE power of conium, as a narcotic and sedative, approaches much nearer to opium than do the other medicines of the class which has been the subject of my lectures, and it is upon the nervous system that its agency is more particularly to be observed. It lulls pain with considerable rapidity, when occurring in some of the most sensitive parts; it does not so completely induce sopor as does the juice of the poppy. The state in which an individual under its influence appears, approximates more nearly to stupefaction, from which there is some difficulty of completely arousing him, and this is occasionally attended by tremors. In very many cases of acute suffering it has been found to enjoy the power of palliating and of essentially relieving, and it can be given with great safety in many of those diseases in which opium, belladonna, and hyoscyamus are acknowledged to be useful. It may be used in combination with them, or it may be substituted for them, when they have lost their influence. As a specific in any one complaint, I do not believe that it is to be trusted.

Although the great encomiums which it has received in cancer are not altogether undeserved, it by no means has fulfilled the high expectations which the recommendations of Baron Stoerck had excited. It certainly is true, that in many of those painful sores which have been called malignant, and which approximate to cancerous ulceration, soon after its administration the acute agony is very much mitigated, that the discharge assumes a less virulent appearance, and that even the external character of the ulcer wears a somewhat different aspect, and that it is even possible to maintain, "with other appliances to boot," this amendment for some short space of time; even delusive hopes of ultimate recovery have been inspired. The fallacy, however, of sanguine views at last becomes exhibited, for, after this suspense of action, the disease again advances, and, though its rapid strides may be prevented, it ultimately proves the inefficacy of hemlock as a decided curative agent, though it may be acknowledged to be a palliative. Most of the surgeons who have adorned the science of this country, have devoted considerable attention to carcinoma, and all acknowledge how many points of difficult explanation invest the subject; it is a source of the most anxious investigation, for not only must diseases be accurately distinguished one from the other, but there must be a conscientious feeling of

the necessity of judging when the knife is to be employed, and when the fearful and painful operation is to be avoided. The physician who knows the truth of Hunter's observation, that "the necessity for operation is, in truth, the defect of surgery," is called upon to discover what are the means by which excision may be rendered unnecessary, pain alleviated, life rendered less burthensome, and its days protracted to the utmost span.

In the earlier stages of cancer, in that state in which scirrhus only exists, the pain is alleviated by hemlock; it is at first, however, so transient, as scarcely to require any anodyne, but at that stage in which a change is about to occur, which is denoted by the skin wearing a dusky or livid red, with an appearance of a shining tension, the suffering becomes more decided; instead of a shooting pain, occasionally felt, it becomes distinct and frequent, like the darting of a sharp instrument, or, as it has been termed, lancinating, and there is a sense of heat or of burning. In this state great relief is afforded by narcotics generally, and particularly by hemlock, which appears to reduce, in a singular manner, the acute sensibility of the system; it likewise seems to retard the moment when the tissues become infiltrated with serous, gelatinous, bloody, or purulent fluids.

In the various indurations of the mammary glands which excite suspicion as to their ultimate tendency, from their occurrence at a particular period of life, it is in your power, by cautious watchfulness, by enforcing the strictest regularity of diet, and by the exhibition of appropriate remedies, to ward off, for a great number of years, and, indeed, sometimes to suspend, during life, any further development of diseased action; and although you cannot expect in every instance to be enabled to carry into effect this most desirable object, you will, in a great number of cases, succeed in checking the advance of the malady, in mitigating the severity of the pain, and in palliating the worst features that present themselves to you. Age has, it must be remembered, a very considerable influence upon the development of carcinomatous tumors, and they will run with much greater quickness through their sad career, in a female at the age of forty-five, than they will when they attack a woman who is sixty years of age; they will at that, or at a later period of life, remain for years without any advance, continuing perfectly stationary to the last hour. In such cases exposure of the part to atmospheric influence must be prevented by the application of belladonna plaster, or of hemlock, and these, alternated, sometimes are more influential than when kept constantly employed, or, at any rate, the patient believes so.

In that carcinoma which, in the female breast, begins from a very small spot, and radiates from thence as from a central point, in different directions, and which, as the progress of the disease advances, exhibits itself in firm white bands, like thickened and compact cellular substance, which may be easily traced through the fat, you may, for a very considerable length of time, keep the disease in abeyance, and allay the general constitutional irritation, by the application, externally, of conium, and also by its occasional internal administration; and to this has been

added the watery diet, as a further prophylactic means, advised by M. Pouteau, and carried into effect by John Pearson.

Although there may be some opinions to the contrary, and though these opinions have been asserted by some distinguished physicians and surgeons, I think you will find that the general impression is, that cancer of the mamma is not to be considered as a local alteration of structure, but as a proof of a general diathesis, and that by the removal of the local lesion, we not only do nothing but remove merely the symptom of the general disorder, but frequently cause greater danger, and sometimes accelerate a fatal termination; even those who believe that scirrhus is a local disease, acknowledge that there is a point at which it contaminates the system. Thus, Sir Everard Home thinks that no cancerous disease was ever so in its origin, but that when parts have been long in a diseased state, there is no security against their not ultimately taking on a cancerous action. Mr. Travers believes that the system is not contaminated till the scirrhus tumor begins to ulcerate in its centre, and that the matter of the poison is generated, not by the action which forms the tubercle, but by the series of actions instituted to destroy and remove it. The object which I have to impress upon your mind is the duty of examining the therapeutic agents which we possess, which may prevent the necessity of the performance of an operation which, from the earliest annals of our art to the present moment, has been pronounced not only to be dangerous, but to hasten the termination of human life. The language of Hippocrates on this subject is very striking, and I will show you that after a lapse of two thousand years, his descendants come nearly to the same conclusion as he had formed, and had expressed to his contemporaries. He says, "It is better not to cure all latent cancers, for those who have been cured die quickly; those who are not cured may last a longer time."

But the chief of surgeons, the experienced Celsus, speaks still more explicitly, when he tells us that "some employ escharotics, some the actual cautery; others remove it by the knife; but no medicine has proved of service to any. When cauterized, the cancerous parts are quickly irritated, and increase till death takes place; if extirpated, even after the wound has cicatrized the disease returns." Paul, of Ægina, maintains nearly the same opinion; the remedies that he proposes are the narcotics, more particularly the solanum nigrum, externally applied, in the juice of which he recommends folded linen to be immersed, and then spread on the diseased parts. He it is who gives us the derivation of the word *cancer*, which was employed, he says, in consequence of the veins swelling, and extending like the claws of the crab, whilst others derive it from the outstretched claws with which the crab seizes any aquatic animal.

In later days the judgment of such a man as Dr. Monro may be quoted in confirmation of ancient authority; he says that of nearly sixty cases at which he had been present during their extirpation, only four patients remained free from the disease for two years. He doubts the propriety of any excision, remarking that upon a relapse, the disease in

those he saw was more violent, and made a much quicker progress than it did in others on whom no operation had been performed.

In a number of "*Rust's Magazine*," is a very important review of the surgical clinique at the University of Breslau, which contains some observations from the note-book of Professor Benedict, who tells us that he had performed ninety-eight amputations of the breast; two ended fatally, from exhaustion, during healing of the wound, and in all the rest, with the exception of thirteen, the disease returned after the wound was healed, and terminated in death. With regard to the remaining thirteen, the author is morally convinced that in several cases an error of diagnosis was committed, and breasts were removed that were merely affected with scrofulous tumors, sarcoma, or some other innocent change of structure. If all medical men had the honesty and candor to proclaim their want of success, and the truths that have burst in upon them after long experience, what inestimable advantage to the suffering sick would be the result! What a treasure to the medical man to guide him on his onward path!

I hope I do not take too much upon myself when I say, that the greater the experience the surgeon has acquired, the more firmly is he rooted in the opinion that the operation is very seldom to be performed; and though such an authority as Scarpa may be quoted against my assertion, that even in the earlier stages, before the enlargement of the absorbent glands, leading from the original seat of the malady, and although Mr. Nooth may have believed that there are indications in the state of the glands which can guide the surgeon, still, only the mildest and gentlest treatment is to be adopted. I will here quote the language of one who, for fifty-seven years, had opportunities of which he fully availed himself to obtain the most valuable practical knowledge; I mean Sir Everard Home, who, in 1830, took leave of the profession in a manner which was honorable to himself and useful to the community, by the publication of a short tract on the formation of tumors, and the peculiarities that are met with in the structure of those that have become cancerous, with their mode of treatment. Having in this invaluable legacy stated the principal causes of this disease that came under his notice, so as to explain its nature and symptoms, and their progress in peculiar instances, he is sorry to add that very little progress has been made either towards a cure or prevention. Many tumors, he observes, that were formerly, by violent applications, rendered true cancers, now never take on the disease; he then states, that mild means have been employed with great advantage, and adds:—

"The treatment in my own practice that calls forth this commendation, is the internal and external use of hemlock, and in proof of its efficacy, in some cases where the medicine was left off, the symptoms became more violent, and, when resumed, abated. Also, when the powder of the leaves was prepared, at the proper season, and the light entirely excluded while the drying of it was carried on, even in confirmed cancerous ulcers, benefit was derived in so great a degree, that the patient could ascertain, from increase of pain, some change had taken place in the application, when powder less accurately prepared was used

as a substitute for the other. I have even prevented the operation when the day was fixed, and the patient lived for months under this palliative mode of treatment, without any progress of the tumor, and was carried off by epileptic fits. In many cases the swelling diminished, and in others remained stationary for years, and never afterwards made any advance, so that I am convinced that I had been before too much alarmed, and frequently came to an operation before it was required."

Such testimony I cannot but impress upon your minds, as the most invaluable admonition from a surgeon of great experience, of first rate anatomical knowledge, and from one who had studied under him who is recognized as the founder of a school, John Hunter.

In combination with iron, hemlock has been found very serviceable. It was first suggested by Justamond, and Mr. Carmichael of Dublin, whose essay on the effects of carbonate and other preparations of iron upon cancer, contains some very valuable knowledge; he tried it, and, in some cases, the union was attended with evident benefit. In one case the iron produced no amendment until it was united with the extract, and then the relief was immediate and permanent.

When the skin covering the immediate scirrhus is no longer moveable, in consequence of the adhesions that have been contracted—when it becomes altered in its color, is reddish, or has a darkened hue, is in an irritable state, softens, and ulcerates in one or more points which, at a subsequent period, unite in one ulcer—when the mass beneath undergoes a very remarkable change, is traversed by numerous bloodvessels, loses its former hardness, becomes infiltrated with secretions, the result of morbid action, and the general appearance indicates that the structure of the parts has undergone a considerable change—it is right, at this stage of the disease, at first, to suspend, for a time, the administration of hemlock, and to have recourse to those means which give strength to the general frame, and to soothe and tranquillize the nervous system, without, if possible, the use of narcotics, for the constitution is otherwise so habituated to them, that, in the last stage, in which they ought to prove of essential value, they are too often inert, and fail to give that alleviation of pain, without which the last hours of the unfortunate patient are rendered most miserable.

At this particular period of the progress of the disease, it is, that the preparations of iron afford so much aid, and, whilst they strengthen the health, appear to possess some power over the incipient ulceration, giving it a more healthy aspect, checking its progress, and even, it has been asserted, curing the disease.

The sole benefit which could be derived from the hemlock is from its allaying pain, and rendering the nervous system obtuse, and patients have been kept almost in a state of stupefaction, which at last has ended in the loss of reason, or of memory. The great art, at this stage of the complaint, is to palliate by all the soothing applications, and by avoiding every injudicious stimulus, remembering the golden maxim, that when you can do no good you must do no harm. It is true that what were formerly called simples, and from which much utility was derived, from the mildness of their operations, such as the juices and barks of our in-

digenous plants, have been long since banished from the Pharmacopœia, and it now exhibits only a formidable array of poisons. All that ingenuity and art could devise to extract from every substance its concentrated virulence, has been collected together for the purpose of curing diseases, and the most energetic and destructive drugs are allowed to be used by the youngest members of our profession in cases where the greatest nicety and most discriminating judgment are to be exercised; the art of palliation is too often abandoned for an anxious, and for that which might be, under proper regulations, a praiseworthy desire to try new remedies; the stages in which various medicines are useful are neglected; hence our science loses its character; hence the opponents of the most regular and systematic practice of physic, that has gained honor and esteem wherever it is known, are enabled to brand it, as the Homœopaths have done, as conjectural and uncertain.

In the last sad stage of cancer, hemlock, if it has not been so injudiciously employed as to have no longer any efficacy, becomes the chief support and the best friend of the sufferer; it is preferable to opium: it is true it does not produce any of the agreeable influence of the latter drug, but it is fully as quick, and much more permanent, in its sedative and anodyne virtue, and it does not require to be so frequently had recourse to. Heberden first told us, in the last stage, besides the usual distress of fever, the hectic patient is often harassed with pains like those of the rheumatism, which wander throughout the whole body, or remain constant and fixed in one part, and, what is rather strange, often at a great distance from the primary malady, and, in appearance, unconnected with it; he observes, that these pains have been so great as to make no small part of the patient's sufferings, and not to be tolerable without the assistance of opium. These pains, at a very distant part of the body from the seat of cancer, are found principally where the ulceration exists in parts that are exposed to the action of the air, and are frequently met with even where this disease is developed upon the lips, or upon the glans penis. Hemlock, in such states, is invaluable, and, indeed, is the sheet-anchor of the medical man in the last moments.

Amongst those distinguished men of the present day who have written on the varieties of diseases which are comprehended under the name of "*Carcinoma Mammæ*," is Sir Charles Bell, who, as Surgeon to the "*Middlesex Hospital*," had such opportunities of studying the disease. He observes, "that the patient, excessively attenuated, will at last sink from the continuance of a peculiar hectic, attended with pain in the lower part of the spine, hips, and shoulders;" it is at this moment that hemlock gives relief, and that I should strenuously commend its use, and I now conclude this lecture with Sir Charles Bell's remarks on the patient endurance of the female of this most melancholy disease: "though conscious that she is dying, suffering the most acute agony, she allows no expression of complaint, or of impatience, to escape her; but, on the contrary, calm and placid, giving an example of unostentatious resignation, and the blessed influence of religion, by witnessing which, the mind naturally reverts to the boasted instances of philosophy in the other sex, which are as nothing in comparison."

EXTRACTING SMOOTH BODIES FROM THE NOSE.

[Communicated for the Boston Medical and Surgical Journal.]

SEVERAL years ago I was requested to extract a tamarind stone from the nose of a girl aged five, which was far back and barely visible on examination. On attempting to grasp it with various kinds of forceps, I entirely failed. I then curved the eye end of a large silver seton needle, passed it over the stone in the nose, and extracted it without difficulty.

The following is a rough sketch of the instrument I would propose for the above purpose. It may be made of a piece of wire (either silver or iron) of the size of a crow quill, six inches long, one inch of one end flattened to three sixteenths of an inch in width. A slit one sixteenth of an inch in width, and one half inch in length, may be made in this, one eighth of an inch from the end. At the other end a handle may be attached to complete the instrument. The flattened end is to receive the necessary curve.

A.

Meriden, Ct.

MESMERISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—There are two opposite extremes, to which mankind are exceedingly apt to run. In cases of mere whim and caprice, to say nothing of obvious absurdities, they blindly follow fashion, just as a flock of sheep do their bellwether, even when he leaps from a precipice or jumps into a well. But in most matters of high importance, they are led with the utmost difficulty. Every useful invention or discovery is generally opposed, and has prejudices to overcome, in proportion to its importance; and it is commonly long before it is carried into full operation. It required a hundred years for Sydenham's cool regimen in the smallpox to become general. Harvey made no proselyte who was more than forty years of age. Inoculation and vaccination met with powerful opposition. Instances of the kind are innumerable.

It has been just the same with homœopathy, phrenology and animal magnetism. Dr. Grim, Dr. Vandercastle, Dr. Channel, and Dr. Gran, have as many unimpeached and unimpeachable witnesses in favor of the success of their infinitesimal practice, as any other physicians in the commercial emporium; and yet, as I understand, they do not have a very large proportion of the medical business. There is even an improvement on homœopathy. We are told by the highest authority, that as many patients recover from typhus, when they take nothing but bread pills for medicine, as when they are treated in the usual manner; with this proviso, that the sick and their attendants are made to believe that an efficient course is followed. Hence it seems that medicine operates on the body only through the mind, and that the whole art of the successful practitioner consists in his influence over the mind. This is exactly as it ought to be; the body should always be subject to the mind. Strange that men will suffer their stomachs to be drenched with

such quantities of nauseous drugs, when infinitesimal medicine, or even no medicine, does as well !

It is stranger still, that mankind should continue so stupid and careless, as not to avail themselves of the benefits and blessings of phrenology. It ought to be a part of the constitution, that no man should be allowed to be a candidate for any office, from the president of the U. S. to the constable of a town or the hayward of a district, until his head had been phrenologically examined, and it had been craniologically settled that he was qualified for the post. This would remove all occasion for grumbling against government, since it would be ascertained that every station was filled by the fittest man, and no change could be made for the better. Every candidate for marriage should have his or her head examined, as this would effectually prevent unhappy matches, and matrimonial disappointments. Every agent, clerk, journeyman, or apprentice, ought first to have his head scrutinized, so that his honesty and capacity may be known by his employer at the beginning. This would have prevented all embezzlement of banks by cashiers and tellers ; and if the directors had undergone the same process, our monied institutions could hardly have fallen into their present embarrassment. Did we not see the fact constantly before us, it would be incredible that mankind should be so stupid as to despise this infallible means of obtaining all necessary knowledge of the human character. No court ought ever to pretend, in this state of the science, to convict a criminal, unless the phrenologist can discover, from his head, that he has mischievous propensities. It could be nothing but the most inveterate prejudice that a few years since induced learned judges to rule out the most satisfactory evidence of this kind. Most probably Oliver Watkins would never have been hanged, if he had been allowed the testimony of phrenologists. They could not have confounded the protrusion of amativeness with that of destructiveness.

The utility of animal magnetism was obvious at an early date ; at least, it was of solid benefit to its founder, who is said to have left Paris with five hundred thousand dollars in his pocket. Why has its utility, latterly, been less apparent ? The amputation of a woman's breast without her suffering or consciousness while the operation was performing, just as martyrs are said sometimes to feel no pain from fire, and a few other feats of the kind, are almost the only instances of practical utility which we have adduced. Even but few of these are so mysterious—were we only so skeptical as to suspect a little delusion and collusion, which, however, I would not be thought to be so unphilosophical as to insinuate, in defiance of such overwhelming testimony—as many of the tricks of common itinerant jugglers ; and I must confess, that unfortunately, in many instances, they have too much of the same air and appearance. In this respect, both the magnetizers and their patients have been careless, and have suffered themselves to be employed in matters of curiosity and wonder, rather than of practical utility. Instead of amusing people by describing streets, houses, and furniture of rooms in distant cities, very much after the manner in which the professor of an occult art informs the applicant of the past events of his life,

why have they not more frequently turned their attention to objects of real interest and advantage? By the last intelligence, some of our dearest friends were sick of the yellow fever, at New Orleans. Do, for mercy's sake, let us know whether they are dead or living. Why not, at once, furnish High Constable Hays with a magnetized girl from Providence, that he may immediately detect every haunt of vice and crime, in the city of New York? One of our cities, of only twelve thousand inhabitants, has had about thirty fires, within a month past. Why have not the police had the assistance of animal magnetism, to detect the incendiaries?

A very important suit for malpractice, in an injury of the hip-joint, and the consequent variation of opinion and unpleasant controversy, between the two most eminent surgeons of New England, might have been decided in a moment by animal magnetism. Could the late very respectable Dr. ***** have had the assistance of this art, he would never have committed the mistake, or have been subject to the mortification, of tapping a girl for dropsy, when, as the event showed, the distention was caused by something more substantial than water. Happily, the case was not mortal, notwithstanding the magnitude of the disease, and the ludicrous blunder of the doctor.

In further addition to my remarks in a late communication, I will only observe, that philosophy ought never to be trifled with, or to be allowed to assume the slightest appearance of jugglery, or to be principally employed for exciting wonder, or gratifying an inquisitive curiosity, when it is capable of being converted to such extensive utility, as is the case in homœopathy, phrenology, and animal magnetism, where, if we can place any reliance upon the most respectable human testimony, it only need be applied to almost every event of life, to produce the most important advantages to mankind. These discoveries and improvements, when put into a proper train, cannot fail of effecting an entire revolution in the civilized world.

MESMER.

Oct. 2, 1837.

OPIUM IN RHEUMATISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Though it is now eight years since I have had anything to do with medicine as a profession, I still take an interest in the progress of your science, and would gladly contribute my mite to its improvement. An article in one of your numbers, headed "Opium in Rheumatism," reminded me of a case which occurred twelve years since, under my own observation, and which, though it presents nothing new, is yet a *fact*, and may not be useless to your readers.

It was a case of hereditary sciatica, excited by imprudent exertion at daily labor, and aggravated by much wrestling. The patient was about 50 years of age, and corpulent. The pain was most severe on first getting warm in the bed; and was so intense that it was often impossi-

ble for him to remain in bed or shut his eyes in sleep for several hours. I proposed opium. To this he strongly objected; said he could not bear it; and that, taken in any quantity whatever, it always kept him awake, and otherwise distressed him. At length, however, I prevailed upon him to take, half an hour before going to bed, about six grains. He immediately fell asleep, and rested quietly till morning; a circumstance which had not before occurred for weeks together. There was some nausea on rising, the next morning, but it was not considerable.

The pill was repeated—though in diminished quantity, say five grains—the next evening, and with the same success, but with more nausea the following morning. The third night I gave four grains. The results were the same, except that he vomited the next morning and refused to take any more medicine. The pain, however, was gone, and did not reappear for several weeks.

It is, perhaps, worthy of remark, that, in the case of this person, and one or two other individuals I have met with, the effects of opium, on the bowels, in considerable quantities, are always laxative. I may also add, that I have found some obstinate cases of rheumatism in laborers who were intemperate, which would yield to nothing but opiates. In one, I recollect giving laudanum in doses of half an ounce or more.

Boston, Oct. 5, 1837.

Yours, &c. W. A. A.

A CASE OF CONGENITAL OSCILLATION OF THE EYE-BALLS.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

OSCILLATION of the eye-ball, or a perpetual semi-rotatory motion round its antero-posterior axis, invariably attends congenital cataract, especially if of some years' standing.* It likewise occurs in young children in other diseases of the eye, in which *vision* is materially and permanently *impaired*. "It seems to be produced by the antagonizing action of the obliqui, the recti having lost, in a great measure, their control over the eye. The motion varies in extent, from a scarcely perceptible degree, to as much as a fourth of the circumference of the eye-ball." In the case detailed below (the only one of the kind that has come under my notice), the power of vision is good, and nothing presents itself to explain the occurrence of these diseased motions, except a slight degree of what has been termed morbid sensibility of the retina, or inability in the nervous apparatus of the organ to sustain long-continued application.

The subject of this case is B. Smith, an intelligent lad of 13 years of age, of good general health and active habits. Complicated with the tremulous oscillating motion, there is a frequent convulsive motion of the eye-ball from side to side—nystagmus of some authors—and also a constant "morbid nictitation," or spasmodic action of the orbicularis palpe-

* Vi. Mackenzie on the Eye.

brarum. He is not conscious of either motion, nor can he restrain them or fix his eyes steadily on any object. Yet such is the force of habit or education, that he possesses perfect command over the muscles of the body, as in walking, running, &c. The convulsive motions of the eye-ball are evidently aggravated by agitation of mind, when they succeed one another with astonishing rapidity. The eye-balls are well formed, and perfectly free from inflammation. Corneæ clear and transparent; anterior chamber and deep-seated humors in a healthy state; the irides are of a light blue color, with the smaller or internal rings, of an orange; their motions lively, the pupils dilating and contracting, as the quantity of light is diminished or increased, with great quickness and to a remarkable extent. At the same time, when exposed for a while to a moderate degree of light, the pupils seemed rather more dilated than usual in a sound eye. The power of vision is quite sufficient for a moderate application of the eyes, but any long-continued application upon small objects, as in reading, occasions a sensation, as expressed by the patient, "as if the objects were moved from the eyes to a great distance;" or, in other words, vision becomes indistinct.

This patient is not affected with *muscæ volitantes*, ocular spectra, or double vision, nor any of those states of defective vision usually preceding amaurosis. Upon inquiry, says he thinks himself somewhat nearsighted. Has brothers and sisters, whose eyes are perfect in all respects. Says his parents believe that the convulsive motions are gradually diminishing, though very slowly.

No treatment was recommended, except rest for the eyes, the application of leeches, if pain should occur, and active exercise in the open air, with attention to the state of the general health.

No. 4 Winter Street, Oct., 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 18, 1837.

FESSENDEN'S STOVES.

THIS is not the first time we have urged upon our professional brethren the health and economy of this excellent contrivance, which is intended for warming apartments principally by hot water, and may be seen at the Agricultural Warehouse, North Market Street. Wards of hospitals might be made comfortable by these stoves, and we hope to see them introduced into such establishments. In libraries, also, those snug quarters where literary men pass so many hours of the twenty-four, the inmates would have a better colored skin and a much freer pair of lungs, if they would inhale an atmosphere delightfully moistened and tempered by the evaporations of one of these admirable inventions. The consumption of fuel is small—bearing no ordinary proportion to the dimensions of a room. Water—hot, boiling hot—is necessarily always at hand, which in a family or a public institution, cannot fail of being continually

wanted, and therefore, actually, of itself, gives a double value to the apparatus. Physicians must make themselves familiar with its construction, and we are quite sure it will then be recommended, above all other schemes, for warming the sitting rooms, &c., of invalids. Consumptives, in many cases, might prolong their lives, and find the cough, which is the worst feature of their sufferings, essentially relieved by breathing the warm vapor. Mr. Fessenden is no adventurer—no quack in philosophy. His invention is the result of many long-tried experiments, and we trust will eventually become as popular on account of its intrinsic value, as "*Terrible Tractoration*," that offspring of his wit, was irresistible in the age of Perkinism.

Bowdoin College.—Joseph Roby, M.D., of Boston, has accepted the appointment of Lecturer on Anatomy and Surgery, the ensuing term, in the medical department of Bowdoin College, at Brunswick, Me. This will probably terminate in a permanent connection with the school. At all events, if the trustees consult the true interests of the institution, they will never suffer this gentleman to leave them for want of suitable encouragement. Dr. Roby belongs to the class of workers, and is competent to any undertaking in the exact sciences. There are still several medical gentlemen in this city, who, were they transplanted three months in the year into the deserted lecture rooms of waning colleges, hither and thither, which might be named without slander, would rouse them from the Rip Van Winkle slumbers into which they have unhappily fallen, in consequence of trying to force professors upon the public in the character of great men, when the fact is notorious that some of them would appear to better advantage in less elevated stations.

Washington Medical College.—A pamphlet circular of this institution, located at Baltimore, accompanied by a very pretty lithographic view of the college edifice, is circulating about Boston. We do not precisely understand the medical arrangements of the monumental city. There appears to be two medical schools, and two distinct faculties, both claiming, or their friends do for them, to be the true, legitimate Simon Pures. Notwithstanding this apparent uncertainty in relation to the validity of the course of instruction, on a careful examination of the act of incorporation of the Washington Medical College, by the authority of the General Assembly of Maryland, we believe it is clothed with full and ample power—and if its internal administration corresponds with the building in which the lectures are to be given, good success will follow.

The lectures commence on the last Monday of October and continue to March 1st. Each ticket, \$15. Matriculation, \$5. Dissecting (optional), \$10. Diploma, \$20.

In the other school, the professors are men of profound acquirements, with whose professional character, the community, far and wide, have been long familiar. When they have filled the vacant chair of chemistry by the appointment of Dr. Charles Page, of Salem, Mass., they may proudly defy any college in the Union to exhibit more originality, science and tact, in that laborious department.

Western Academy of Natural Sciences, at St. Louis.—A prospectus, the act of incorporation, together with the by-laws, of this highly praiseworthy effort of the learned men of the far west, to concentrate their

literary labors and discoveries, is before us, for which we tender our thanks to the gentleman who kindly forwarded it. St. Louis is destined to become a great city, a central point in the valley of the Mississippi, and therefore a happy selection for the museum which will hereafter show the extent, activity, and value of the academy. We like the subdivisions of study into an orderly series. The plan, too, for observing and preserving, is admirable. The more corresponding members the academy constitutes among the industrious, indefatigable savans of New England, the better it will be for the health and vigor of their well-conceived institution.

Physiological Lectures.—A Society has been formed in Boston, under the name of the American Physiological Society, whose course of lectures have already commenced. The introductory discourse, by Dr. B. Haskell, of South Boston, is spoken of as a thorough intellectual performance. He has no superior in deep physiological investigations.

Universal Lyceum.—A report of this noble scientific association, consisting of twenty-four closely printed pages, begins to attract attention. Lord Brougham is the President, and a large number of the Vice Presidents and Secretaries reside in this country. Next to a National Medical Convention, which we have urged upon our professional brethren till quite discouraged, we should be glad to have the Universal Lyceum flourish in perpetual vigor.

Progress of Animal Magnetism.—A new work, on the utility of this science as a medical agent, by M. Poyen, will appear in the course of a few weeks. Being at Salem, the other evening, we had an opportunity of hearing a part of one of this gentleman's lectures, at the Mansion House. Several of the physicians of the city were present, ready to believe all facts; but owing to some unwillingness on the part of Miss Gleason, the ambulating magnetizee (whose reputation is likely to be intimately associated with the history of the revivification of Mesmerism in America), who was oppressed by fatigue and headache, having but just arrived, no manipulations were exhibited upon her. One *witch*, only, has been found, in that ancient theatre of marvellousness, since the eventful days of Cotton Mather, and she was selected for that evening by our friend Poyen; but we grieve to add, that Dr. Choate's critical analysis of the character of the experiments strangely operated against their success. She didn't sleep worth a fig in the presence of the Salem physicians.

Naval Surgical Appointments.—S. Wilson Kellogg, of New York; Joseph Beale, of Pennsylvania; William E. Coale, of Maryland; Edward J. Rutter, of Maryland; Richard J. Harrison, of Virginia; John T. Mason, of Virginia; James M. Smith, of Penn.; Charles W. Tait, of Alabama; and Charles D. Maxwell, of Penn., have all received commissions of Assistant Surgeons in the U. S. Navy, which are dated September 6th.

Scrotal Tumor.—One of the most formidable operations known to modern surgery, was successfully performed at Dr. McFarlane's in-

firmly, New Orleans, a few weeks ago, by Dr. J. M. W. Picton, in the presence of Drs. McFarlane, Davidson, Labatut, Hunt, Muex, Thomas, Landreux, Stone, Kennedy, Thompson, and several other physicians, and a number of respectable citizens, in the removal of a scrotal hypertrophy, weighing the enormous and almost incredible amount of fifty-three pounds. The patient is doing well.

Dr. Picton was assisted in the operation by Drs. Stone, Landreux, Puisse, Hunt, and Labatut.

It is in the hands of such skillful and distinguished surgeons as Dr. Picton and his compeers, that the profession of surgery is destined to assume that lofty position to which it is entitled, and which is eventually to place the scientific professional character of New Orleans in the front rank among her sister cities of the Union.

Aneurism Treated by Ligature.—Mr. Liston, of Edinburgh, has lately been successful in removing a tumor of the size of the two fists from the hip of a man aged 64. It was considered a good specimen of "aneurism by anastomosis." The tumor was operated upon by incision and ligature, in the mode in which Mr. L. practises in certain cases of *nævi*. This was done on the 26th of June. The heat of the tumor soon diminished, and it gradually became quite cold; on the 28th it was entirely removed, and a yeast poultice applied to its base. The wound was cicatrizing on the 7th of August, and the patient's health was good.

Hysteria from excessive Depletion.—A patient suffering under hysteria was recently admitted to the Westminster Hospital. She had been bled some time previous, for an attack of pneumonia, to an enormous extent, together with the use of leeches and blisters. At one venesection 40 ounces of blood were abstracted. The inflammation was subdued by these outrageously antiphlogistic measures, but the ensuing prostration confined her to her bed for the next two months. A severe pain along the whole spinal column ensued, which was relieved only by hot fomentations, and the relief by these was but temporary. Menstruation was imperfect and irregular. A scruple of scammony powder was ordered every other night, and a saline draught the next morning, with the moxa daily to the affected vertebræ. This was continued three months without the slightest benefit. She then went into the country, where regular exercise, good diet, and wholesome mental occupation, without any medical treatment, soon restored her to health.

Brandreth's Pills.—Our correspondent, "A."—whom, by the way, we should be glad to hear from often—sends us the following recipe, which, he says, was obtained from an individual in New York, who has the means of knowing that it is the prescription made use of in the manufacture of this celebrated nostrum.—*R.* colycinth 3iv.; aloes lbii.; gamboge lbi.; soap lbss.; ol. peppermint f3ii.; ol. cinnamon f3i. Pulv. mix, and make into pills.

Turkish Quarantine.—An account is given, in a recent publication, of the deliberations of the Divan at Constantinople, in relation to the

ravages of the plague. The Sultan proposed the following question—why does the plague rage continually among Mussulmen, and not among the Europeans? The Council agreed that the reason was obvious; viz. the latter observed a rigid quarantine. The result of the meeting was this, that precautionary measures were positively necessary. Some considered the pestilence an evidence of the anger of God, as the people were very sinful, praying but little, and were too licentious, being given to the drinking of spirituous liquors. Although the surest method of arresting the awful calamity then threatening the subjects of the Sublime Porte, depended upon fervent prayer and repentance, a quarantine was clearly necessary. Since the decision of the divan has been promulgated, it is as common to be fumigated on entering the house of a Turk, as on entering one inhabited by a Frank. Some individuals among the common people are greatly opposed to this course, which has been thought an excellent measure, during the period of fasting; because it is unlawful for smoke to enter the mouth during those solemn festivals. Plague hospitals, to which persons were immediately conveyed on manifesting symptoms of the disease, are an extraordinary feature in the police regulations of Constantinople and Smyrna. To see vessels moored at a distance from the port, to be inspected, that no cases of sickness, of a contagious, or infectious character, may be introduced into those cities, is a striking change in the administration of their municipal regulations, the good effects of which are readily perceived and candidly acknowledged by all intelligent Turks.

Operation of Empyema.—M. Recamier considering hectic fever after empyema, as the result of alteration in the pus, by its mixture with external air, advises, immediately after the evacuation of the liquid, to inject into the chest water (temperature 28 degrees, R.), sufficient to occupy the place that the external air would fill. M. Recamier did not find this water in the pleura greatly affect a patient in whom he has employed it; but the plan is based on an improved supposition, and is of doubtful propriety.—*London Lancet.*

DIED,—In New Orleans, Dr. William H. Boyd, of New York.

Whole number of deaths in Boston, for the week ending Oct. 14, 21. Males, 9—Females, 12.

Consumption, 3—cholera morbus, 1—inflammation of the bowels, 1—lung fever, 2—dropsy on the brain, 1—enlargement of the heart, 1—disease of the spine, 1—scarlet fever, 1—typhus fever, 2—paralysis, 1—child-bed, 1—old age, 1—dysentery, 1—throat distemper, 1—inflammation of the brain, 1—stillborn, 2.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	-	DR. WARE.
On the Principles and Practice of Surgery,	-	DR. OTIS.
On Anatomy,	-	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.	Fees.
Anatomy, by EDWARD REYNOLDS, M.D.*	\$15
Chemistry, by JOHN W. WESTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles and Operations of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, July 5, 1837.

tNov. 1.

WALTER CHANNING,
Dean of the Faculty of Medicine.

* Professor John C. Warren being in Europe, and having announced his intention not to return this winter, the Corporation of Harvard University have appointed Edward Reynolds, M.D., Lecturer on Anatomy the ensuing winter. Professor Hayward has also been appointed to deliver the Lectures on Operative Surgery. Sept. 27. W. CHANNING, Dean.

[Printers whose papers contain the advertisement of the Lectures, are particularly desired to insert the above.]

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS.

THE Lectures commence on the first Monday of November of each year, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology
ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery, (to lecture at the N. York Hospital.)
JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.
EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.
JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.
JOHN TORREY, M.D., Professor of Chemistry and Botany.
JOHN R. RHINELANDER, M.D., Professor of Anatomy. (Lectures on General, Surgical and Pathological Anatomy.)

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

AMARIAH BRIGHAM, M.D. Lecturer on Special Anatomy.

Demonstrators.—JAMES QUACKENBUSH, M.D., J. B. SWETT, M.D.

The expense of attending a complete course of Lectures by all the Professors, is \$108. The matriculation fee, which is \$5, entitles the student to the use of the College Library. Graduation fee, \$25. Oct. 4—4t. NICOLL H. DERING, M.D., Registrar.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, Nov. 2d, 1837, and it continues seventeen weeks. The several branches are taught as follows, viz :

Principles and Practice of Surgery, by	THOMAS HUBBARD, M.D.
Theory and Practice of Medicine, by	ELI IVES, M.D.
Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D. and LL. D.
Materia Medica and Therapeutics, by	WILLIAM TULLY, M.D.
Anatomy and Physiology, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each; and for Obstetrics, \$6—amounting to \$70—the whole to be paid in advance. The graduation fee is \$15.

Yale College, Sept. 1, 1837.

Sept. 13—Gt

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

Franklin Street, Nov. 9, 1836.

July 19—6m

JOHN JEFFRIES, M.D.
R. W. ROOPER, M.D.
JOHN H. DIX, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVII.]

WEDNESDAY, OCTOBER 25, 1837.

[NO. 12.]

PROPOSITIONS ON THE NERVOUS SYSTEM, AND ON THE FORMATION OF ANIMALS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am induced to send you the annexed propositions in physiology, from having observed the following question in a southern paper, copied from the New York Star, which I shall quote entire. The question has been already answered in your Journal of the 20th of September, in an article under the head of Animal Magnetism. Proceeding on the supposition that there was an elastic fluid pervading all space, on the motions and undulations of which, among the particles of matter, depend all material phenomena, vital as well as chemical and mechanical, that article reconciles the facts of animal magnetism with the operations of natural laws. Allusion was also made in it to sympathy, fascination, irritation and embryotic influences, and the forms of organized bodies, as susceptible of a better explanation by this than any other hypothesis. These propositions may be regarded as a continuation and more definite exposition of the same views. The facts which I am able to bring forward in support of them warrant my urging them upon the attention of physicians and other scientific men, as containing the germ of a discovery of greater importance to the interests of mankind than any which has been made since that of the circulation of the blood.

Boston, Oct. 16th, 1837.

BENJAMIN HASKELL, M.D.

“Philosophical Problem.—Why has Nature not produced any square forms?”

“Nature has produced circular, curvilinear and polyangular forms, in endless variety, but not one square form.

“The public prints throughout the United States and in Europe, are respectfully requested to publish the above question, a correct answer to which will embrace the discovery of an universal law of nature, which has been lost to philosophy for several thousand years.”

1. The true method of arriving at the knowledge of the nature and use of the nervous system, is to presuppose a fluid to exist in organized matter, which, undulating and moving in currents, disposes the nervous molecules in the manner in which the nervous tissue exhibits them.

2. The currents of this fluid commence on the superficies of bodies, and take a centripetal direction. They are first set in motion by the

impression of agents without, on the sensitive surfaces; and the development of animals, from the circumference to the centre, according to the law of Serres, well known by the term *Lex Serrenia*, is a complete illustration of this position.

3. The ganglions on the posterior nervous chords of the spinal marrow were *originally* the points of stasis or dispersion of the fluid moving towards the centre, their centripetal force being there counteracted by the opposing force of fluid at rest or moving in contrary directions. By supposing a fluid to move in this way through the nervous corpuscles of the polypus, its first effect would be to form the single isolated nerve and ganglion of the molluscous animal.

4. The nervous chords intervening between the ganglions and spinal marrow, may be regarded as the appendices of the spinal marrow. They were formed by the projection of a fluid from the ganglion towards the spinal column, in consequence of the attraction produced by a current passing longitudinally upward, or downward, or both, along the spinal canal, the union of these several currents forming the spinal marrow itself; one tendency to the formation of these longitudinal currents arising from the meeting of the fluid of the opposite ganglions in the centre.

5. The anterior chord had its origin in the reverse or after-current, that passing from the spinal marrow towards the surface transmitting the stimulus of volition, and may also be considered as an appanage of the spinal marrow. This current must join the nerve anterior to the ganglion, to correspond with the law of Ampere, that two currents moving in the same direction attract each other; the other current moving from the ganglion towards the circumference.

6. There exist two circles through which the nervous influence passes, viz. one, where sensation and volition are unnoticed; the other, where they both take place. The former, commencing at the external surface, is reflected back at the ganglion; the latter, commencing at the same place, is reflected back from the cerebro-spinal apparatus.

7. The cerebrum and cerebellum are but the greater development of the circles of which a single nerve affords the type. The corpora striata and optic beds, containing grey matter, and the corpus dentatum, were, like the ganglions, the points of stasis and accumulation of the fluid passing up the cerebro-spinal cavity, from whence, as its intensity increased, simultaneously with the elevation of the animal in the scale of intellectual life, it proceeded forward and formed the convolutions, the grey matter of which corresponds to the grey matter of the spinal marrow, and the diverging and converging fibres of Spurzheim and Gall correspond to the anterior and posterior chords.

8. The cause of variety in the manifestation of function in the several nerves depends on a principle closely analogous to that by which different crystals exhibit different forms and colors when subjected to the influence of polarized light, and may lead, at some future day, to the discovery of the intricate structure of the nervous expansions, as the phenomena of polarization has led to the discovery of the composition of crystals in the disposition of the atoms which form them; the motions

of the fluid among the nervous corpuscles both affecting, and being affected by, the disposition of the corpuscles.

9. The analogy to this mode of formation of the nervous system is found in the gradual formation of brooks, creeks, and rivers, by water on the surface of the earth. The water penetrates the soil everywhere, and everywhere is seen to form grooves, which afterwards help to confine it in its course, and impress upon its currents modifications, which, within certain limits, are fixed and constant. So the nervous fluid penetrates the whole body, and is everywhere active, like the blood. But by the various tendencies to move in different directions which it receives from the motions of the elastic fluid without, or "stimuli," combined with that play of its motions within which constitutes life, it must form to itself channels, which enable it to concentrate itself and pass with celerity from one part of the body to another. These channels are the nervous chords.

10. The reason that animals and vegetables have rounded forms, and minerals angular, is this:—in the former exists a motion compounded of the principle of life and of that which accomplishes crystallization. To effect crystallization, perfect rest of the fluid medium in which it takes place, is necessary. In animation a moving force commences at the punctum saliens, or in consequence of an external impression, and is always interfering with the crystallizing force, in the manner that rays of light interfere, producing curvilinears, and are explained by M. Fresnel on the theory of light depending on the undulations of ether. It is owing to the same cause that drops of water have a circular form, and the waves of the sea are rounded by the undulations of the atmosphere.

11. The simplest mode of undulation is exhibited in the formation of the circular and radiated animals. Their form is described by the circular wave made by dropping a pebble perpendicularly on the surface of a fluid, and by the radiation of light.

12. The second simplest mode is exhibited by the spiral animals, or sea snails. In these a perpendicular motion occurs along with the horizontal. Its analogy is found in electro-magnetism, in that appearance of polarized light made to pass through quartz, which Mr. Herschel has compared to a corkscrew, and still more plainly by the little whirlpools so often seen in the eddies of a running stream. It seems impossible for a theory to be false, and explain the formation of these simple animals as this does. The probabilities in its favor are infinite.

13. The fluid accumulates internally, and by its attractive force, as it expands and endeavors to fly off in all directions, exerts a pressure on the body from within, outwards, and occasions it to grow to a certain point. This point is attained when it has acquired such an extent of surface, that an equilibrium is established between its intensity and the inertia of matter; as when the atmosphere reaches the height of 45 miles, the elasticity of air is counterbalanced by the weight of the particles of air. The analogy for the accumulation of the fluid by the motions of the particles among each other, is found in the excitement of electricity by friction; and that for the diminution of its intensity by the increase of surface, is found in the inverse proportion of the intensity of

electricity and the extent of surface of the prime conductor. Hair, bristles, spines, scales, &c., are formed by the fluid passing off from the superficies of bodies, and hence the reason why they are found most abundantly over those parts of the body where the fluid is directed in the greatest quantities, as over the brain in man, and diffused over the body in animals. The black color of the negro is the slightest degree of the same effect. The blowing of a soap-bubble, which expands between two pressures of the same medium, the ordinary pressure of the atmosphere without, and the constantly accumulating pressure within, is a simple and almost perfect illustration of the expansion and rounded form of all organized beings.

14. The reason why the *fœtus* is expelled from the uterus at nine months, is, that all its organs being then developed, it cannot receive from the mother the same amount of fluid it has been in the habit of receiving, and which the system of the mother has been habituated to yield to it. The fluid then accumulating in the mother will be most naturally directed towards the nearest focus of irritation, which is the uterus, and will produce muscular contractions of that organ. The next transition will be to the breasts, when the uterus, being disorged of its contents, can receive no more of it.

15. We can also form a conception of the preservation of the type of every species of animals, from generation to generation. For we suppose this fluid to be the cause of light, as well as electricity, &c.; and on the same principle that it forms images by its vibrations in reflection and refraction (which images are the exact portraits of the originals, both in form and color), those same vibrations acting on matter so mobile as that which constitutes the embryo in its earliest stages, and the image of both parents being the ones most constantly impressed upon it in consequence of its long continuance within the body of each, the type of the race, and, to some extent, of the individual, will be reproduced forever. Hence, too, the form of each of the bodily organs.

16. The explanation of the physiological experiments of Magendie, in which forward motion is produced by destroying the crura of the cerebrum, backward by destroying the crura of the cerebellum, rotatory by destroying the crura of either side, &c., depending on the law of equilibrium of fluids, will account, also, for the erect attitude of man.

17. The ciliary motions lately discovered in animals, by Purkinje, Mayer, and others, and the undulatory movements lately noticed by the celebrated botanist Brown, of organized molecules in fluid matter, depend on the vibration of this fluid, as do light, heat, electricity, magnetism, and gravitation.

18. It is well known that the vibrations of a musical instrument will, if continued a length of time, throw another, at a distance from it, into the same series of vibrations, and elicit the same sounds, provided it harmonizes with it. Assuming that these vibrations depend on the ether present in the atmosphere and in all bodies, which gives them elasticity, this phenomenon must be owing to the tendency that this fluid has, when undulating, to provoke the same undulations through all its extent. Now supposing this fluid to exist among organic molecules,

free and mobile as they are found in the polypus, it cannot undulate in a given way among these molecules without disposing them in a certain manner, *and the manner in which it disposes them will be that which renders them least liable to interfere with that particular mode of undulation.* It is on this principle that the ear is formed, with a spiral cochlea, semicircular canals, &c. In like manner that variety of undulation which causes light, is sufficient to form the eye out of polypous matter. The cause of the eye existing in one spot, instead of being spread over the whole body, as well as its being rounded, instead of angular like a crystal, is the interference of other vibratory motions, as that which constitutes life, together with those made by other external impressions, which modify it at the edges where they meet that particular class of vibrations engaged in forming it. What is true of the formation of one organ, is true of that of all the rest. The support which this proposition derives from the slow and gradual evolution and perfection of these organs, from the inferior animals up to man, is in the highest degree astonishing.

MESMERISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is needless to add anything to my former remarks, to demonstrate my high estimation of animal magnetism, and my confidence in the immense benefits of its general diffusion. In the present letter, it is my object to notice some of the obstacles, which have hitherto injured its reputation, and prevented its progress. In the first place, both the magnetizers and the magnetizees seem to be still under the influence of many old imperfections and prejudices, and to have operated more for exciting wonder and curiosity, than for real utility. Most of their finest exhibitions have been intermingled with feats very similar to those which are performed by any common juggler; and in many of their performances, there are obvious omissions and defects, which give occasion to the cavils of the skeptic. If one woman's breast has been removed without her being awake from her magnetic sleep, why is not every patient made insensible of pain, during all common surgical operations? There have, certainly, not only been careless, but inhuman, oversights in this respect. It is no excuse to say that the patient was not in such feeble health, as to be susceptible of the magnetic influence. By depletion, evacuation, total abstinence, and starvation, the nervous system of the stoutest man might speedily be reduced to the magnetic level. Nor is the common excuse, that he had not been sufficiently magnetized to be brought under the full effect, satisfactory. Why not magnetize him to the hundredth time, rather than let him endure the pains of lithotomy? Why did not the philosophical Colonel, during his aerial voyage, and in the subsequent walks, let his companion tell her own story, rather than constantly direct her by, what the lawyers call, *leading questions*? Why not settle the whole matter at once, beyond the reach of

any quibbling caviller, by having her read every sign, and the name on every door, in their imaginary promenade in Broadway? Why did not the Right Reverend Prelate, instead of employing her in describing the furniture and pictures, and the portrait of the man in his *shirt sleeves*, in his friend's house—very probably by the same course of leading questions, as were employed by the Colonel—set her at once to read the lettering on the backs of the books, lying on the centre table? By a few thorough processes like these, the most captious skepticism might be convinced and silenced in ten minutes, and there could be no loop hole for a single cavil to escape. Why did the Colonel allow her to make the blunder of going into the wrong kitchen? Why could she not read one word within the sealed envelope, as well as another? Is a mill-stone any more transparent from its being an inch thinner in one place, than in another? Is it not an opaque mill-stone still? The great difficulty seems to arise, from the magnetizers and the magnetizees not being sufficiently familiar with their own art, and from their not being aware of but a small part of the advantages which are the necessary result. They seem to suppose, that one unaccountable fact is sufficient to establish its reality, and are not aware of the great handle that will ever be made by a single failure. The skeptics adopt the maxim of the late eccentric John Randolph, that when a single addle egg is suffered to find its way into a pudding, the addition of a hundred new-laid eggs will not make the pudding sweet. Nothing, done by the halves, is ever well done. The magnetizer must commit himself horribly, if he ever attempts to magnetize a person whose nervous system, he is not sure, is first reduced to such a state of atony and susceptibility, as to be excitable by the slightest impression, made either on the mind or body, either by contact, sympathy, or imagination. Then there will never be needed the excuse, that the patient had not taken a sufficient dose of magnetic influence.

It should be especially recollected, that every new and beneficial project, to become popular, must be advocated—so prone are mankind to follow respectable leaders—by distinguished public characters. If the Secretary of the Treasury had been magnetized, he would never have fallen into the mistake of employing, as deposit banks, those which were unable to redeem their notes in specie. Or at any rate, he ought to have had the heads of their directors examined by the phrenologists, to determine whether they were worthy of the confidence of the government. By some such means, he might have easily saved the government the embarrassment of refusing what were apparently its own bills. Let the magnetizers first strike at the head, and immediately put our politicians and great men under magnetic influence, that some efficient measures may be instantly adopted, upon safe and sound principles, so as immediately to put an end to popular clamor and discontent. Let the phrenologists also be active, and exhibit, before every election, the characteristics of the head of every candidate for the suffrages of his fellow citizens. Let the homœopaths join them, and cure every disease of body or mind by the sure, safe and pleasant course of infinitesimal medicine. Let the irresistible argument of never-failing success be at

once brought before the public, in all its force. A universal revolution and reformation will be the speedy consequence. Enough of overwhelming evidence now exists, if the homœopaths, the phrenologists, and the magnetizers could only have decision and magnanimity sufficient to divest it of all embarrassing circumstances. In fact, the mistakes and false pretences, which are the sources of the skeptical cavils, when rightly viewed, are the strongest arguments in favor of these all-important discoveries and improvements. Talk not of the addle egg, or the alloy from blunders and mistakes. The very idea of a counterfeit, supposes that there is such a thing as sterling, standard coin. There could be no motive for any magnetizee to pretend to more than can be actually done, to see more than can be seen, if the magnetic influence did not actually enable the possessor to distinguish more than can be done by other eyes. Though Ann More deceived, by pretending that she lived without eating at all, she actually possessed the faculty of dispensing with food, nearly as much as a hibernating animal, during winter. There was an uncommon fact at the bottom. Perhaps nothing has ever suffered more by the hasty tampering of the inexperienced and unskilful, than homœopathy, phrenology and animal magnetism. There has been a swarm of mere pretenders, and the public have not always been able readily to distinguish the counterfeit from the true coin. Judging from the many failures, and often ridiculous blunders, I should imagine that most of those, who were actually the richest in these valuable commodities, are often troubled with many pieces of base metal, which have accidentally found way into their pockets. Unless there is some remedy for such evils, the progress of these all-important arts will be infallibly retarded. The wheat must be winnowed from the chaff. An art that fails one time in four, and is liable to mistakes even in its most favorable exhibition, for all practical purposes is no art at all.

I would not, however, look upon such all-important subjects as homœopathy, phrenology and animal magnetism, with such desponding views. As far as any reliance, in such matters, is to be placed upon the most credible human testimony, these arts are founded upon a firm and unshaken basis. The fault lies not in the art, but in the unworthy, superficial professors. It does not need *leading questions*; and trifling tricks, resembling legerdemain, are beneath its dignity. It is the mistake of the conductor alone when he leads the magnetizee into the wrong cellar kitchen; and when, in his narration, he assumes an air of credulity, and exhibits the excitement of a fanatic, he only injures the cause which he injudiciously attempts to support. In such cases the advice of old Hecuba holds good, *non talibus auxiliis*. MESMER.

Oct. 9, 1837.

REPORT ON THE RADICAL CURE OF HERNIA.

[Continued from page 64.]

To the Editor of the *Boston Medical and Surgical Journal*.

SIR,—The remarks in your Journal of the 11th inst. on the importance of the "Report of the Committee on Hernia," has induced me to enlist

your pages to distribute it more generally among the members of our profession.

Boston, Oct., 1837.

Respectfully, &c.

E. W. LEACH.

Anatomical View of the Anatomy of Hernia.

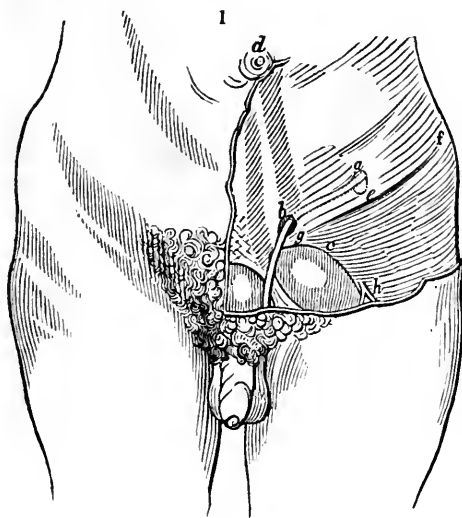


Fig. 1.—The skin and superficial fascia removed from the left side of the abdomen, and the left groin, so as to display the surface of the tendons, the position of the abdominal rings, and canal, &c.

a The internal abdominal ring, marked in dots, as seen through the tendon of the external oblique muscle.

b The external ring, formed by a natural separation of the fibres of the same tendon; the spermatic cord seen passing through it to the scrotum, and the dotted line between the two rings marking its course upwards, under the tendon, through the abdominal canal.

c The spot where the tumor in femoral hernia is generally seen when it rises from beneath the fascia lata of the thigh, the femoral canal not being visible in this view, because it is hidden by Poupart's ligament.

d The umbilicus.

e The middle of Poupart's ligament.

f The anterior superior spinous process of the os ilium.

g The body of the os pubis, forming the lower boundary of the external ring.

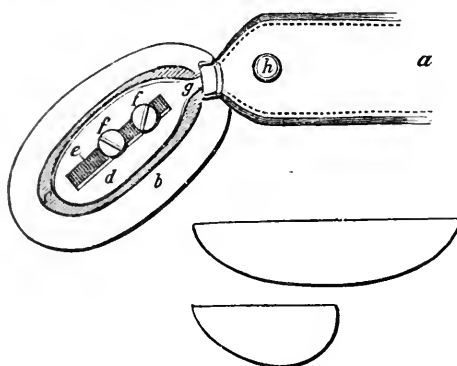
h The saphena vein passing through the fascia to join the great femoral vein.

The inventions and improvements of Dr. Chase, many of which have been adopted since the presentation of the Preliminary Report, extend to all parts of the truss and its appendages, and his attention to minute but highly important details has been carried to an extent never equalled by any of his predecessors in this branch of surgery. The complete instruments employed by him are—1st. The Inguinal or Common Truss. 2d. The Ventro-Inguinal Truss. 3d. The femoral Truss. 4th. The Umbilical Truss. 5th. The Umbilical Belt. 6th. The Double Truss. Each of these demands separate notice, and in most of them the following parts require distinct examination. (*a*) The Block; (*b*) the Block-attachment; (*c*) the Spring and Strap-attachment; (*d*) the Appendages.

(*a*) *Of the Block.*—The block of this truss was warmly approved in the Preliminary Report (Op. cit. p. 323), and it has amply maintained its character throughout the more recent investigations; it is so perfectly adapted to the form of the parts interested in common inguinal hernia, that the Committee are unable to perceive in what manner it could be improved; nor has it ever failed, under their observation, in retaining the bowel both permanently and completely during the time of

its employment, after the first few days required for the accurate adjustment of the instrument. Nothing farther appears necessary to prove the decided superiority of this block over all others known to the profession, in the particular form of hernia for which it is designed.

Chase's Common Inguinal Block, with Attachment.



- Fig. 2.—*a* The extremity of the main-spring of the truss.
b The block.
c The brass block-rider, the screws by which it is attached being covered by the block-slide.
d The block-slide.
e The window in the block-slide.
ff The two broad-headed screws of the block-adjustment, securing the rider to the slide, and when loosened, sliding freely in the window.
g The soft iron flexible neck, 4 attaching the block-slide to the main-spring.
h The button for the pelvic

strap, which is generally used for the perineal strap also.

The proper perineal strap-button on the end of the block-slide is omitted in this and some succeeding figures, to prevent confusion.

Fig. 3.—Longitudinal section of the block.

Fig. 4.—Transverse section of the same.

(b) *Of the Block-attachment.*—Two very important improvements upon the old modes of attaching the pad to the spring of the truss are observable in the block-attachment of the inguinal truss. The block is surmounted by a thin oval plate of brass, termed by the inventor a *block-rider*; and this is adapted to the under surface of an iron plate of nearly similar form, called the *block-slide*, to which it is attached by means of two round-headed screws, playing freely, when loosened a little, in a longitudinal fenestrum in the block-slide, so as to admit of any required change of the position of the block in this direction, to the extent of about an inch in the trusses designed for adults. The block-slide is connected to the spring by means of a round neck of soft iron, about three quarters of an inch in length, sufficiently stiff to resist any change of shape during the most active movements of the patient, and sufficiently pliable to act like a universal joint under the hands of the surgeon. The combined action of the slide and the neck enables us to adjust the block with the utmost precision to the edge of Poupart's ligament, the rout of the abdominal canal, and the internal ring, whatever may be the peculiar form of the abdomen of the patient, while the block remains invariably in the exact position chosen by the surgeon; advantages possessed by none of the trusses previously in use, so far as they are known to the Committee. These improvements are, in themselves, sufficient to add very greatly to the value of the instrument.

(c) *Of the Spring and Strap-attachment.*—The endless varieties of form which have been given to the springs of trusses, render it apparently impossible that anything intrinsically novel, in this part of the

hernial apparatus, should be presented to the public hereafter ; but it is of the utmost importance that the profession should determine what class of springs are calculated to give the greatest degree of security and permanency to the action of trusses.

This subject has been amply discussed in the work of Dr. Chase, already repeatedly cited ; and the Committee are prepared, after due reflection, to coincide in the opinion expressed by that gentleman, that the semicircular steel springs of Salmon and Ody are objectionable, because they are brought into accurate relation with the body only at the spots corresponding with the spine and the hernial orifice ; the whole arch of the spring resting loosely over the side of the pelvis without a fixed location, and remaining liable to continual change of place from the movements of the glutei muscles and the reaction of the dress of the patient. The changes just mentioned must inevitably lead to the danger of corresponding changes in the position of the pads or blocks, and consequent insecurity of retention. The motives for the invention of this class of springs were the three following, and they are obviously fallacious. 1st. It was supposed that the pressure of the spiral elastic springs, being exerted throughout their whole length, renders them liable to derangement by the motions of the parts on which they press ; but, excepting on the front of the hypogastric region of the abdomen, those parts have so slight a degree of mobility—based as they are upon the solid structure of the pelvis, and almost uninfluenced by muscular contractions—that their alterations of figure are of no real importance. The changes in the figure of the hypogastric region are fully compensated by the elasticity of the spiral springs, and those of the parts over the ring of the ilium are successfully counteracted by perineal straps, so that the accuracy and permanence of retention are not contravened when spiral springs are employed. 2d. It was supposed that the changes of shape in the hypogastric region required some mode of adjustment more complete than that effected by the elasticity of the main spring, to enable the pad or block to accommodate itself at all times to the form of the parts ; and hence the ball-and-socket pad attachment, to which the semicircular spring was deemed peculiarly adapted. But, if desirable, this mode of attachment may be as readily employed in connection with the spiral spring. Your Committee do not deem it desirable ; because the ball-and-socket attachment renders secure but one point on the back of the pad or block, while the circumference may be tilted in any direction by the pressure of an intestine from within, almost as readily as by the movements of the abdomen, to which the pad is designed to yield ; for the soft and compressible surface of the hypogastric region cannot securely prevent this tilting when the adjustment of the pad is not remarkably accurate, or when the propulsive force of the intestine in hernia is considerable. A third argument urged in favor of the introduction of semicircular springs was drawn from the tendency of the strap attached to the spiral spring trusses to draw upwards, and thus displace the pad ; but this difficulty is completely removable by giving to the spiral spring and the accessory parts of the truss a proper form and disposition, as will be explained hereafter.

Your Committee are therefore of opinion that Dr. Chase has done wisely in adopting the spiral spring, and retaining the strap so as to encircle the whole pelvis by the truss, in preference to the semicircular spring and universal joint of Salmon and Ody's instrument, and the modifications of the same by the late Dr. Hull, of New York, the Rev. Mr. Reed, of Georgia, &c. &c.

Although there is nothing positively novel in this part of the inguinal truss of Chase, the inventor has established definite rules for the degree of temper and the extent of the various curvatures of the spring, and also for the position of the strap-button, which render it easy to adjust the instrument more securely and permanently in all cases than can be done when these points are left to the discretion of instrument-makers. Experience has decided that there is an advantage in giving an elastic temper to all that portion of the spring which intervenes between the pad-attachment in front and the opposite sacro-iliac symphysis in the rear, but that the portion extending from the latter point to the opposite side of the pelvis should be so far softened as to admit of adjustment by being permanently bent. Three inches of the hinder extremity are left ductile in all the trusses of the full size; and thus the necessity of making an instrument expressly for each individual case (the great difficulty in the employment of spiral springs entirely of tempered steel) is completely obviated, without sacrificing the accuracy of the adjustment on the one hand, or its permanency on the other.

It has been customary to curve downward the anterior end of the spiral spring, so that when the part which lies across the back is horizontal, the front extremity may approach more nearly toward the abdominal canal. In Chase's inguinal truss this curvature does not exceed three-fourths of an inch, and its commencement is found far back upon the costa ili when the instrument is applied; so that the spring, in passing forward from that point, winds downward below the anterior superior spinous process without encroaching too much upon the bellies of the glutei muscles or disturbing the proper position of the spring and strap on the back part of the pelvis. Any further increase of this curvature is attended with inconvenience, by giving the direction of the strap too much obliquity, and disposing the instrument to tilt upward in front; and such increase is rendered altogether unnecessary by the soft iron neck of the pad-attachment. In the last three inches of the anterior end of the spring there is another curvature, resulting from a slight torsion of the axis of the generating curve of the spring, which brings the flat side of this part of the spring into more complete correspondence with the surface of the hypogastric region—a matter of much importance to the comfort of the patient, and one giving additional security to the position of the instrument.

It has been customary, almost invariably, with truss-makers to place the strap-button upon the plate or expansion which supports the pad, but Dr. Chase has very wisely affixed it to the anterior end of the spring, by which means the obliquity of the strap is much diminished, and the pelvis is enclosed by the instrument in a direction approaching very nearly to the circle, the strap lying altogether above the level of

the block-slide, and the disposition of the instrument to tilt or ride upwards being reduced almost to nothing.

The Committee consider the establishment of a fixed model for the triple curvature of the spiral spring, and the position of the strap-button, as a highly important recommendation to the instrument under notice.

[To be continued.]

POTHOS FÆTIDA.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE been in the habit of examining indigenous plants. I send you the result of my observations on *POTHOS FÆTIDA*, Mich. ; *Symplocarpus fœtidus*, Nutt. ; *Ictodes fœtidus*, Big. The seeds and root are the parts used ; the seeds are by far the strongest, and retain their properties for years. The root loses many of its properties by drying. The whole plant has a fœtid odor, which is owing to a volatile essential oil, which I have never collected. Its taste is pungent and acrid, but less disagreeable than capsicum or arum. Medicinally it is an acrid tonic and nervine ; when given in suitable doses, and repeated at proper intervals, it imparts warmth to the body, increases the force and fullness of the pulse, allays morbid mental irritability, relieves depression, elevates the mind, and produces a highly pleasurable state of feeling. When given in over doses, it produces burning and irritability of the stomach, headache, somnolency and vomiting.

I have found it highly serviceable in several species of limosis, catarrhal phthisis, dyspnœa exacerbans, flatulent colic and chronic rheumatism. My mode of using it has been to reduce the seeds and root to a fine powder, mix this with such other articles as I wished my patient to take, and give it in some convenient fluid, in as large doses as the stomach would bear, repeating it once in two, four, or six hours, according to the urgency of the symptoms. I have usually found ten grains of the seeds a full dose.

I consider it adapted to that condition of the system in which there is diminished nervous or muscular energy, torpor of the stomach or system generally, deficient or morbid secretions of the alimentary canal, unattended with irritability, and especially when these occur in habits impaired by the excessive use of alcohol. R. *Pothos fœtida*, gum guaiacum, āā, pulverized and mixed, is a favorite form where there is constipation attending the disease—given in quantities to regulate the bowels. Should acidity attend, I have been in the habit of adding magnesia, chalk, or carbonate of soda, according to circumstances. Should there be nothing to indicate either guaiacum or an alkali, they may be left out. In *diarrhœa*, pulverized nut-galls, or geranium maculatum, or any suitable astringent, may be united with it. Should a bitter be indicated, it may be united with pulverized cinchona.

I have used it for eight years past, and, as I think, with great benefit. In many cases I prefer it to any other acrid, being not disagreeable and

more efficacious. Both the root and seed contain a large proportion of fecula, and are easily reduced to a powder by grinding in a coffee mill. About the first of September is the best time for collecting them. For keeping, the seed should be cleaned, dried and kept close in a glass bottle. The root should be cleaned, sliced, dried, ground, packed and corked tightly in a glass bottle. A.

Meriden, Ct., Oct. 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 25, 1837.

INFIRMARY FOR DISEASES OF THE LUNGS.

FROM a small, unostentatious beginning, there has been a very valuable institution forming in this city, which is perfectly charitable in its character, and therefore claims the attention and fostering influences of all benevolent people. It is an infirmary exclusively devoted to the service of the poor who are suffering from diseases of the lungs.

By consulting the bills of mortality, it is apparent that pulmonary consumption has swept multitudes to the grave. The causes producing this melancholy fatality are still operating, as they always will in this variable climate. As the population increases, the mortality arising from various affections of the respiratory organs, increases in a corresponding ratio, till the aggregate, in any given year, in the large towns and cities in New England, and particularly in Boston, preponderates over all others in the nomenclature. Believing that it was possible to offer some temporary, if not permanent relief to those whose circumstances forbid them from procuring, in all instances, that advice which their condition obviously requires, an association was formed expressly to meet this demand. To this infirmary every one is welcome. The exact condition of the lungs is ascertained, so far as it has been found practicable by modern improvements and discoveries. Medicines are dispensed gratuitously, and, in a word, nothing is omitted which can be of utility to the patient. A charity based on this broad foundation, we trust, will find favor with an intelligent community. Gentlemen of the city, the clergy, physicians—indeed, all who sympathize with this class of sufferers—are invited to direct them to the infirmary, with full confidence in the skill and assiduity of the medical gentlemen who make a voluntary service of their labors.

For the present, the patients are examined and prescribed for in the east wing of the old stone Court House, on the first floor, entrance from School street, on Mondays, Wednesdays and Fridays, from 12 to 1 o'clock. A suitable edifice will be selected, we trust, within a reasonable time, in which the infirmary will be permanently located. It would be an act of injustice to the citizens of Boston to doubt their willingness to provide some quiet, commodious building, as soon as the business of this charity demands it, which cannot be long, meeting, as it does, the entire approbation of every friend of suffering humanity.

Hereafter, we shall speak more particularly of the medical regula-

tions of the infirmary, publish statistics, and report cases—hoping, in the mean time, that editors of the public papers will have the kindness to notice the organization of the infirmary, for the sake of those for whom it was instituted.

Boston Medical Dispensary.—At a recent meeting of the subscribers to this charity, the following gentlemen received appointments:—*Consulting Physicians*, John Randall, M.D., Winter street; and Solomon D. Townsend, M.D., Somerset street. *Visiting Physicians*, Henry G. Clark, M.D., Wards 1 and 3; Joseph Moriarty, M.D., Ward 2; Francis H. Gray, M.D., Ward 4; John H. Dix, M.D., Wards 5, 6, and 7; Warren I. Whitney, M.D., Broad street; H. B. Inches, M.D., Fort hill; Abner B. Wheeler, M.D., Ward 10; H. I. Bowditch, M.D., Ward 11; John Odin, M.D., ward 12; Marcellus Bowen, M.D., South Boston.

Travelling Pestilence.—At Marseilles, the cholera was abating, when the last despatches were sent. Only 24 deaths were caused by it on the 6th of Sept. At Berlin, on the same day, there were 41 deaths by cholera. It had also broken out at Magdebourg, and some other places in that neighborhood. In Rome, more than two hundred persons were dying daily. On the 29th of August there were 366 new cases, and 217 deaths; on the 30th, 357 new cases, and 211 deaths. There were on the same day, 1415 sick, under medical treatment. In Italy, generally, the cholera was abating. Very suddenly, it had began to show itself at Prague. From the 29th to the 30th, there were 100 new cases of cholera and 55 deaths at Berlin, and from the 30th of Sept. to the 31st, 102 cases and 64 deaths. The king dispensed with the usual exercises of the guard, and decided that as soon as there shall have been 20 cases of cholera in the camp, the soldiers shall be dispersed. At Breslau, from the 12th to the 29th, there were only 12 new cases. At Dantzic, the weather being cold and damp, the disease had nearly disappeared on the 12th. Naples was almost entirely free from the scourge at the last dates.

Plague in Germany.—At Sophia, which has a population of 50,000, there have been 200 deaths a day. It is now spreading along the right bank of the Danube, and may, if it journeys more northward, associate its terrors with its sister pestilence, the cholera. This horrible pestilence, plague, is gradually, but positively creeping into Europe, and unless some uncommon sanative exertions are immediately enforced to hem it in, and have its power exhausted where it now is, a desolation, unexampled in the history of disease, will assuredly mark its fearful progress. The continent seems destined to be overrun by this all-devouring minister of death.

Physician of the Massachusetts General Hospital.—A meeting of the trustees was held on Friday, Oct. 13th.—Dr. James Jackson resigned his place, having been the physician ever since the establishment of the institution, and Dr. Enoch Hale, Jr., of Boston, was appointed to the office so long and honorably filled by Dr. Jackson.

Medical Miscellany.—It is very sickly at Port Gibson.—M. Henry, of Montreal, is said to have discovered a remedy for hydrophobia.—Messrs. Fowler and Brevoort are lecturing on phrenology at Detroit.—D. J. Browne, the naturalist, has located himself at Tonawanda, near the Falls of Niagara.—Thirty thousand dollars have been appropriated by the Common Council of Boston, for the erection of a hospital for the insane and idiotic, at South Boston.—Dr. B. Ticknor is fleet surgeon of the exploring expedition, and attached to the frigate Macedonian. The assistant surgeons of the same vessel, are Drs. John L. Fox and J. J. Abernethy. Passed assistant surgeon of the store ship Relief, Dr. Edward Gilchrist. In the brig Consort, assistant surgeon Dr. Charles Guillon goes out medical officer.—Dr. Sweetser proposes to deliver a popular course of twelve lectures on the principles of health, at the Masonic Temple, commencing on Thursday evening, Oct. 19th. He is a fine writer and a worthy man.—Two albinos are exhibited at Philadelphia.—Seventeen cases of smallpox have recently occurred at Lowell.—Sickness has abated at New Orleans, and also at Natchez.—The plague has entirely subsided at Smyrna.—The yellow fever has been felt severely at Mobile, although the public authorities attempted to conceal its existence. From June to Oct. 1st, there were 275 deaths, of which 95 were in September.—The deaths in Central America, by cholera, amount to one fifteenth of the population.—Mr. Durant's exposure of the arts and impositions, as they are called, of animal magnetists, sells rapidly.—Richard K. Frost, a Thomsonian infirmary keeper, of the city of New York, has been arrested and held to bail in \$5000, charged with having caused the death of T. G. French, by the administration of improper drugs. Dr. Ephraim Buck, of Boston, has given publicity to a similar case, at Malden—the patient being a victim to outrageous quackery.

TO CORRESPONDENTS.—Professor Mettauer's paper on Amputation of the Penis, with the respective communications of Dr. Hopton, Dr. Davenport, Dr. Jones, Dr. Knight, and X. Y. Z., and several translations from the Italian of Dr. Portal, are on file for publication.—Dr. Sweetser's work on Digestion was received too late for any further notice in this number.

DIED.—In Alton, Ill., Dr. William S. Emerson, son of Dr. Samuel Emerson, of Kennebunk.—In New Orleans, of yellow fever, Dr. Wellington Peabody, son of Dr. Nathaniel Peabody, of Salem, and Resident Physician of the New Orleans Infirmary, aged 21.—At Scituate, Mass., Dr. Cushing Otis.—At West Suffield, Ct., David Phelps, M.D., aged 30.—By the upsetting of a stage, near Bainbridge, Florida, Dr. L. Osborn, of the U. S. Navy.

Whole number of deaths in Boston, for the week ending Oct. 21, 23. Males, 9—Females, 14.

Consumption, 3—marasmus, 2—rheumatism, 1—croup, 1—typhus fever, 3—fits, 1—cholera infantum, 1—teething, 1—intemperance, 1—convulsions, 1—hæmorrhage of the lungs, 2—inflammation of the lungs, 1—spasms, 1—stillborn, 3.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS.

THE Lectures commence on the first Monday of November of each year, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology.

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery, (to lecture at the N. York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHINELANDER, M.D., Professor of Anatomy. (Lectures on General, Surgical and Pathological Anatomy.)

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

AMARIAH BRIGHAM, M.D. Lecturer on Special Anatomy.

Demonstrators.—JAMES QUACKENBUSH, M.D., J. B. SWETT, M.D.

The expense of attending a complete course of Lectures by all the Professors, is \$108. The matriculation fee, which is \$5, entitles the student to the use of the College Library. Graduation fee, \$25.

Oct. 4—4.

NICOLL H. DERING, M.D., Registrar.

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.

	<i>Fees.</i>
Anatomy, by EDWARD REYNOLDS, M.D.*	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles and Operations of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

Boston, July 5, 1837.

tNov. 1.

WALTER CHANNING,
Dean of the Faculty of Medicine.

* Professor John C. Warren being in Europe, and having announced his intention not to return this winter, the Corporation of Harvard University have appointed Edward Reynolds, M.D., Lecturer on Anatomy the ensuing winter. Professor Hayward has also been appointed to deliver the Lectures on Operative Surgery. Sept. 27.

W. CHANNING, Dean.

[Printers whose papers contain the advertisement of the Lectures, are particularly desired to insert the above.]

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	DR. WARE.
On the Principles and Practice of Surgery,	"	DR. OTIS.
On Anatomy,	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—4f

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVII.]

WEDNESDAY, NOVEMBER 1, 1837.

[NO. 13.]

AMPUTATION OF THE PENIS.

BY JOHN P. METTAUER, M.D. OF VIRGINIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE diseases which render a resort to this horrid mutilation necessary, are generally of such a nature as to leave their unfortunate subjects to choose between their death-like tendencies, and the appalling operation which forms the subject of this article. Notwithstanding the many painful considerations which unite to render such a dismembering one of the most important steps in operative surgery, there are others not less so, connected with the operation itself, because they occasionally involve the safety of the individual, and even life itself is placed in imminent jeopardy by them in some instances.

All surgeons must have experienced some difficulty from the traumatic accidents, which, according to the present modes of operating, occasionally follow amputation of the penis. Hemorrhage, in an especial manner, sometimes presents itself as a most perplexing and troublesome occurrence; indeed, it is to be regarded in every case of such amputation, as a necessary and unavoidable concomitant upon the present modes of operating. The shrinking away and deforming retractions of the member, also essentially embarrass the after-treatment, and add to the perplexities of the surgeon. By the present mode of operating it is impossible to prevent the sudden effusion of blood from the cavernous and spongy textures, as soon as they are divided; and this occurrence greatly adds to the difficulty of restraining the arterial hemorrhage by suddenly converting the penis into a flabby and soft membranous state of the organ, which renders the mouths of the bleeding arteries extremely difficult of access. In despite of the various expedients hitherto employed, much blood is invariably lost during the operation, and sometimes the hemorrhage has actually proved fatal.

The older surgeons, to enable them to guard against hemorrhage in such cases, sometimes removed the diseased portion of the penis by ligature around the organ, and applied so firmly as to intercept the farther supply of blood to the extremity beyond it, with a view of causing its death and separation, by the sloughing process. In this manner the removal of a diseased penis was once effected by the celebrated Ruysch; but the process being exceedingly tedious and painful, it has not gained favor with surgeons, notwithstanding it received the sanction of Hunter's high authority.

Several other methods of amputating the penis have been adopted and proposed by surgeons; but none of them have furnished the proper guards against the accidents which have been pointed out. The plan recommended by Callisen, an eminent Danish surgeon, unites some valuable agencies, but is nevertheless defective, inasmuch as it does not secure to the surgeon the means for guarding against hemorrhage, and the inconvenient shrinking and retraction of the penis, as soon as the cells of it are cut across. The cautions against drawing the skin back with some force, and the directions to employ a catheter in the urethra, are the only steps in his mode of operating worthy of imitation; and as far as our experience extends, we decidedly approve of, and have adopted, them in our operations, with very inconsiderable modifications of our own. According to Callisen's method, as soon as the circular incision divides the integuments, the corpora cavernosa, corpus spongiosum, and urethra, are to be cut through on a plane with the incision of the skin, by a single stroke of the knife. Some operators advise the drawing (in the direction of the glans), of the integuments, before they are divided, with the design of removing as much of them as possible, under the impression that there will be a superabundance unless this is done, after the division of the cells of the cavernous and spongy textures. Sabatier adopted this practice. His mode of operating is also exceedingly simple: it is effected by a single stroke of the knife, which divides the skin, corpora cavernosa, corpus spongiosum, and urethra, upon the same plane. After these sections are formed, the arteries are to be secured by separate ligatures, and the oozing of blood from the cells of the spongy textures to be restrained by the application of sponge to the surface of the stump, or fine lint, or agaric and styptics. It has also been advised, as a means of restraining the oozing, and at the same time to favor the healing of the stump, to introduce into the urethra a canula or catheter, to cover the surface of the stump with the integuments, and to confine them with adhesive plasters, until adhesion takes place.

These plans are defective; and a mode of operating which will supply the desiderated aid, cannot fail to rob amputation of the penis of much of its danger, and to give to the surgeon the proper control over an operation intrinsically simple and easy of execution.

The sudden collapse of the penis, as soon as its cavernous cells are emptied by the division of the elastic ligament, and the constant tendency of it to retract still farther, as long as the cells effuse blood, will always render the application of the means in the traumatic stage—particularly such as are designed to arrest hemorrhage, and to supply dressings—exceedingly troublesome. In our practice we have found them so; and the first intimations which directed to the plan of operating we have since adopted, and propose to describe in the sequel of this paper, were presented by a case we treated, and much to our satisfaction, as well as to that of the patient.

Our operation consists of several stages:—1st. The introduction of a canula into the urethra, of a size sufficient to place the canal somewhat upon the stretch, and to extend some distance beyond the point at which the section is to be performed. This canula may consist either

of silver, box, or any other hard substance; the elastic gum would answer very well, possibly better than any other material, but it would not resist the edge of a sharp knife with sufficient certainty to entitle it to a preference in such an operation. In the next place we advise the skin to be rendered smooth by a very gentle retraction of it, and a circular section of it about three or four lines from the diseased margin of the glans. By a still further retraction of it, the elastic ligament is brought into view, when the third step of the operation is to be accomplished by inserting a strong ligature, well waxed, at points between the corpus spongiosum and corpora cavernosa on opposite sides, and on the dorsum of the penis, a little exterior to the groove, on its most superior aspect; thus inserted, the ligature resembles the basting-thread of an unfinished garment, with the extremities on the median line of the dorsum. At this point a noose must be formed, by passing the ends of the thread through it often enough to form, when they are drawn, the surgeon's knot. This done, the fourth step of the operation is to be effected, by suddenly and forcibly tightening the noose around the penis, until the arteries and cells are firmly and completely compressed between its grasp and the convex surface of the canula in the urethra. In the execution of this step the ligature must be instantly tightened, or the pain may become insupportable. The force of the compressing noose may now be fixed by the addition of a second knot. Taking care now to examine the situation of the canula, and to know that the extremity within the urethra is considerably beyond the point at which amputation is to be effected, the fifth step of the operation is to be accomplished by a sweep of the knife, similar to the movement performed in the amputation of the limbs, by which the compressed textures are to be divided about two lines anterior to the ligature, and the knife made to cut fairly down to the canula. The excised parts are now to be removed, and may generally be drawn over the projecting portion of the canula. After washing the parts, the canula should be adjusted, and then the superfluous parts of the ligature are to be cut off within three lines of the knot. Thus arranged, it cannot possibly be displaced. In the performance of the section no pain is experienced, nor will there be a drop of blood effused, if the ligature has been properly tightened. The retraction of the penis which attends upon this operation, does not proceed from loss of blood, as it takes place with the commencement of the incision of the skin; it doubtless proceeds from pain of the parts during the operation, and the mental state necessarily connected with such an operation. Reaction very soon restores the parts to a state of comparative tension and fulness. The skin may now be drawn over the face of the stump quite down to the canula, so as to leave the cut margin in contact with it, in which position it is to be confined by adhesive strips, and a soft, narrow bandage. After the bandage is well secured around the stump, the extremity of the canula must be included in the noose of a strong ligature, well waxed, to prevent its slipping off, and this should be attached to the dressing of the stump, to prevent the dislodging of the canula from the urethra. It will not be necessary to remove the dressing for four days. Should the tube become obstructed,

it may be opened with a probe. When the dressing is removed, if the ligature is found to be loose, it may be cut away; if not, it should remain longer. As soon as the ligature is removed, the canula may be withdrawn for the first time, but must be replaced, and kept in the canal for some weeks, or the orifice may close up, and produce suppression of the urinary flow.

In eight or ten days, by this simple mode of operating, a perfect cure may generally be effected; and if the disease requiring the amputation shall not render the removal of a large portion of the member necessary, it leaves a stump of great neatness to console the unfortunate individual, and will serve all the common purposes of life—even the procreative in some instances.

Our experience in amputation of the penis enables us to state, that extensive cancerous conditions of the glans and prepuce, and of long standing, should not discourage the operation, even when the inguinal glands are enlarged to some extent. These glands may be affected by the irritation of the diseased prepuce or glans penis, and take on the inflammatory action, which results in their enlargement merely as a sympathetic disturbance; or they may become enlarged in consequence of irritation in other and remote parts, accidentally associated with the cancerous affection, and in both cases free from the cancerous irritation. Under such circumstances, amputation might be performed with the certain prospect of successfully arresting and eradicating the disease. It is often the case that cancer of the penis occurs with individuals laboring at the same time under a varicose state of the branches of the saphena, and varicose ulcers on different parts of the corresponding extremity. In such cases, the varicose affections generally precede the cancerous; and they uniformly produce, soon after their occurrence, more or less sympathetic enlargement of the inguinal glands, and before the cancer begins.

Oct. 12, 1837.

MECHANICAL TREATMENT.

[Communicated for the Boston Medical and Surgical Journal.]

THE want of success which attends the arduous labors of many of the medical profession in their practical career, arises, in many cases, from a very obvious cause, which they have never been led sufficiently to investigate—that is, by a rigid adherence to formality. We are all aware of the unsuccessful results which oftentimes occur in the daily routine of practice—results, thwarting at once our best directed essays for the removal of some inveterate disease. None of our medicines appear to have the desired effect; in vain we resort to the *materia medica*, till we nearly exhaust every article which seems likely to benefit or relieve. At last some unforeseen event takes place, which puts the patient in an immediate state of convalescence. The result of such a favorable occurrence, impels us to ascribe the cure to the medicine last given, be it what it may. This accounts for the popularity of the celebrated nos-

trums and quack recipes which fill the public journals of the day. These spontaneous results inspire many practitioners with a blind sort of confidence in the worst of cases. They see dreadful forms of disease sometimes get well, while their patients are taking some particular article; but, I fear, they lose sight of the *vis medicatrix naturæ*, whose efficacy often confers an undeserved reputation on almost every article of the *materia medica*. However nature overcomes the disease, it only serves to confirm their prejudice. A preposterous belief in the possibility of discovering some peculiar remedy, calculated for every sort of disease (*mirabile dictu*), for every stage and state of it, has been one of the greatest absurdities which has disgraced the practice of medicine. From idiosyncrasy, one would naturally suppose it would require but little intelligence to discern, that from the same genera, many distinct species arise, varying according to the age, constitution, and habits of the diseased. Therefore it is evident that no single plan of treatment can be invariably right, and productive of happy consequences. Too often the salutary operation of the *vis medicatrix naturæ* has been mistaken for a sort of proof of the good effect of several inert and pernicious remedies. And it has not been properly remembered how many diseases would get well of themselves, nay, how many do actually undergo a cure, notwithstanding all the difficulties created by bad and unskilful practice.

A variety of management is necessary, as exemplified in the different stages of inflammation, ulceration, mortification, &c. If we follow the advice of some writers, we are to dress all wounds the first day with a certain application, the second day with another, and other alterations follow every rising of the sun. But this mechanical and unscientific way of legislating in surgery by the clock or sun dial, is totally inconsistent with every notion I can form of right practice. Whatever degree of credit practitioners may take upon themselves, from such spontaneous results, the majority of such cases, I think, ought to be ascribed to nature. The candid and judicious practitioner should not always think a plan of treatment right, because his patient gets well; for there is an essential difference between a cure promoted by really useful means, and an escape, notwithstanding the employment of unskilful ones. These are important facts to be remembered, in judging of the true merit of any preventive methods of treatment. These mistakes have had as much influence, as credulity, in conferring a temporary reputation upon quackery. Let it, therefore, ever be borne in mind that one plan of treatment will never answer in every case of the same disease, for diseases are greatly modified by circumstances. The judgment is an important faculty to be exercised in discriminating when to vary the *modus operandi* according to the exigencies of the case. All these are important facts, and worthy of consideration. The physician can never be guided in all circumstances by any fixed, invariable rules. He cannot practise one continued round of application, but must conform himself to existing indications. When he does this, he will not so often have cause to regret his ill success, nor be subject to the mortification con-

sequent upon the aggravation of the disease, ab origin, by his remedial means.

I might enlarge upon this interesting theme, but I forbear. A word to the wise is sufficient.

X. Y. Z.

South Venice, N. Y., Oct. 13th, 1837.

OPIUM IN RHEUMATISM—ADDITIONAL OBSERVATIONS.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Journal I observe much is said on the subject of opium in the treatment of rheumatism. Allow me to ask one question. Will opium cure a case of rheumatism of fifteen years standing? I have a case of this duration on hand, which I am very anxious to cure.

Opium, as a remedy in rheumatism, has been long known to me, and is a preferred therapeutical agent under certain circumstances. I have employed it about twenty years—first in the form of Dover's powders, which in those days was a fashionable prescription; afterwards, in pills or tinctures; and finally, morphia, &c. &c. But I do not know that I have ever, in a single instance, cured a case of rheumatism by opium. I admit that opium will allay pain and irritation, and that excruciating pang peculiar to this disease, and no doubt it is the best remedy for this particular purpose; but whether opium radically removes the disease, is another question. In my hands I apprehend it never has. The subject above alluded to can always have his pains relieved by opium, morphia or colchicum; or even emetic tartar, &c. And this is all opium can do for him; for he is at this hour, as he was fifteen years ago, unable to move. No treatment or remedy, that I am acquainted with, has been left untried. He has consulted physicians far and near—resorted to quackery and quack remedies, steam doctors, catholicons, steam and vapor baths, springs, electricity, &c. &c., but all to no purpose. A. H.

Cheraw, S. C., Oct. 7th, 1837.

P. S.—I have several other cases of both acute and chronic rheumatism on hand, which I have put upon a course of opium, in order to test it thoroughly.

INDIAN ARROW-WOOD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed in the eighth No. of Vol. XV. of your Journal, a note giving the botanical name of the "Wahoo," or "Indian arrow-wood," referred to by Dr. Fullerton, of Indiana. I thought, at the time, your correspondent, J. C. A., labored under a mistake in regard to the article, but was not at that time sufficiently positive to warrant a correction of it. I should not, perhaps, have thought of it again, but in my botanical excursions this summer and fall, I found the article, called by the above common names in this country, and upon a careful

examination I found my first impression was correct. It is not a viburnum, nor in fact of the same natural family. It is the *Euonymus atropurpureus*, the natural order Celastrineæ of Linnæus and other authors. I am, however, of the opinion that it is classed wrong. All the specimens I have found, and they are not a few, have only four stamens, a perfectly crucial corol, and a very peculiar quadrangular four-celled capsule. It is put in the fifth class, and first order, in the books. I have no doubt that it may occasionally be found to vary from my specimens; identity, however, is all that is necessary. It is a small shrub, from four to eight feet high, bearing very small, dark-purple flowers, on rather long, slender axillary foot stalks, irregularly interspersed on the main stalk and larger branches, within a foot or two of the tops; rarely, if ever, found on the extremities of either.

The stem has smooth, opposite, square branches; leaves petiolate, oblong lanceolate, acuminate, serrate, pubescent beneath; peduncles divaricate, many flowered. Fruit smooth, bright red.

The bark of the root is thick, and of a light yellow or whitish color, and very bitter.

I wish to add my testimony to the statement of Dr. Fullerton, in regard to its hydragogue cathartic properties; and, still farther, from considerable experience, I can speak with confidence of it as a most valuable remedy in *chronic asthma*. I have used it, in a strong infusion, in some long-standing and exceedingly obstinate cases, with entire success. Its effects are slow, but permanent, and it probably acts, in this disease, by giving tone to the digestive organs and the whole system, and keeping up a regular action of the bowels. It must have been observed by all who have had much experience in this disease, that it is almost invariably accompanied with a furred tongue, and symptoms of general derangement of the digestive organs in particular. And it is from its peculiarly salutary effects in regulating the bowels and giving tone to the digestive apparatus, that I suppose it acts beneficially in this disease; though it may have a more extended action on the system than I have been in the habit of assigning it. At all events, I think it well worthy a place in our materia medica, and deserving more extensive experiments than have heretofore been made with it.

I. G. JONES.

Columbus, Ohio, Sept. 19th, 1837.

CREOSOTE IN UTERINE HÆMORRHAGE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Creosote appears to me to be preferable to any other medicine now in use in this most frightful complaint, where it takes place from a relaxed state of the vessels after parturition, or at any other time when the system is in a similar state. I have given it in a few cases, and it operated like a charm. I administer it as follows. R. Alcohol dil. ʒi. creosote grt. 60. M. take ʒi. every third hour in a little sweetened water. As soon as the hæmorrhage is arrested, diminish the quantity taken at a time, and give at longer intervals.

This medicine allays nausea, and operates favorably by not retarding the action of the bowels. I have given the same preparation in one case of hæmoptysis, and the result was truly flattering.

I make this communication, that others, more favorably situated, may test the efficacy of creosote in these complaints, and be led to give us the result of their practice. I am not now aware that any one has administered creosote in like circumstances.

Yours truly,

Truro, Oct. 18th, 1837.

N. J. KNIGHT, M.D.

PHYSIOLOGICAL AND THERAPEUTICAL PROPERTIES OF PURE TANNIN.

THE process discovered by M. Pelouze, for the extraction of tannin in a pure state, from the substances containing it, is now familiar to every chemist, and has thus given the physician an opportunity of experimenting with this substance, free from all extraneous combinations. This has been lately done by M. Cavarra, the result of whose experiments we now lay before our readers.

The author commenced by administering this substance to animals. Several large strong dogs were given from two to twelve grains, without any accidents being produced, or any other symptoms occurring, than a most obstinate constipation. Having established, in this manner, that pure tannin possesses no poisonous qualities, M. Cavarra took three pills, each containing two and a half grains, for three successive days. The result was an obstinate attack of constipation, which lasted for eight days, and was only dissipated on the ninth by two drops of croton oil. An exactly similar effect was produced on two other healthy individuals, who took the tannin in the same dose.

It now remained to determine, if possible, in what way tannin produces so powerful an effect on the mucous membrane of the intestinal canal. A dog, in which the maximum of constipation had been attained by giving large doses of tannin, was killed. The intestinal mucous membrane was found to be dry. The fecal matter was extremely hard, and, as it were, parted against the sides of the colon. On examining the surface of the mucous membrane with a strong magnifier, the villousities and their pores were found considerably contracted. From these and several other experiments, the author concludes, that tannin acts chemically on the intestinal mucous surface, in the same way that it acts on the skin of an animal, and produces constipation by the restriction which it causes in the secreting parts or tissues.

The superiority of pure tannin over such substances as contain it in greater or less quantity (*nux. gal.*, &c.), is incontestible. Its relative power is much superior, but experience alone could decide whether pure tannin possessed any medicinal properties or not. The first experiment which the author made, was on a lady who was affected with diarrhœa, of an obstinate nature, for sixteen months. Every kind of treatment, including astringents, had been tried without success. After the administration of five pills, each containing a quarter of a grain, the

diarrhœa completely disappeared, and, in addition, the lady found herself cured of a leucorrhœa, with which she had been affected for the last eighteen years. It is now a year since this lady has been cured, and she continues to enjoy perfect health.

This first experiment proves that tannin acts not only on the mucous membrane with which it is in contact, but also exercises a marked influence on all the mucous membranes of the body. Other cases soon confirmed this conclusion. Thus, a young woman, who was affected with chronic pulmonary catarrh, was cured with six grains, administered in the dose of a quarter of a grain per day. It would be impossible to give an account here of all the cases of diarrhœa, catarrh, &c., which have been cured under the hands of the author by the use of tannin. We shall, therefore, content ourselves by simply transcribing the conclusions to which the experiments of M. Cavarra, with this new medicinal agent, have conducted him.

1st. That pure tannin, by producing a degree of impermeability of the mucous membrane, and also by its action on the nervous system, cures diarrhœa, leucorrhœa, and chronic catarrh.

2d. That its efficacy in hæmoptysis, uterine hæmorrhage, and gonorrhœa, is also well demonstrated. The author reports having cured two old claps, one dating fifteen, the other twenty years.

Tannin may be given in the form of pill, or lavement, or as a draught, and in the dose of from a quarter to two grains, without producing any unpleasant constipation, but its effects must be observed with a little care.—*Bul. Therap.*, March, 1837.

TREATMENT OF EXTENSIVE BURNS AND SCALDS.

[At the close of a report, in the Western Medical Journal, of several cases of scalding by steam, treated in the Cincinnati Hospital, which were occasioned by an accident on board the steamboat Flora, near Cincinnati, the following clinical remarks, by Professor Parker, are given.]

In his practical remarks on the applications appropriate to injuries from caloric, the professor drew a distinction between burns and scalds. A very *limited* scald and a *superficial* burn, may be treated in the same manner. A simple emollient or a refrigerant—a bread and water, or an elm bark, or a carrot poultice—or a compress dipped in lead water, will be sufficient, and equally adapted to both cases. It is when the injury is severe, that a necessity for some variety in the topical applications arises. The reduction of the vital powers of the part, in deep burns, is very great, and the dressings from the beginning should be stimulating. It was in cases of this kind, occurring in the mining districts of England, that Mr. Kentish first used his turpentine liniment. Tar is an excellent application to such burns. An emollient poultice should be applied over these stimulant dressings. Early suppuration is the desideratum. If the state of excitement which attends purulent secretion should not arise in time, the part will lose its vitality. Scalds are dangerous in

proportion to their extent. The disease is confined to the skin, which is exquisitely sensible, and brings into sympathy a great number of the vital organs. Bad scalds, therefore, do not require applications so stimulating as those adapted to bad burns. Of every kind of dressings, Professor Parker prefers the liniment of flax seed oil and lime water. It is slightly stimulating, emollient, and calculated to exclude the atmosphere, the action of which on the skin denuded of its cuticle, is always injurious. It is only when the surface changes from a bright to a dark red, indicating passive congestion, with but little tendency to puriform secretion, that the Kentish liniment, and other exciting applications, are required, or even proper. To this remark, however, exceedingly superficial scalds, not amounting to vesication, are an exception; as such are often successfully treated with whiskey and other alcoholic lotions, which seem to introduce a new action into the part. The Professor doubts the propriety of applying liniments of white lead extensively to parts denuded of their cuticle. They may act on the nervous system as poisons. In the granulating stages of scalds, he has a very favorable opinion of lint dipped in cold water; provided it is covered with oiled or varnished silk, to prevent evaporation and exclude the air. It is acceptable to the feelings of the patient, and favorable to early and healthful cicatrization.

Further Remarks by Professor Drake.—At the close of the treatment of these cases, the Professor took occasion to point out to the pupils some of the difficulties attendant on the constitutional treatment of extensive scalds. The nervous function is prostrated; not, however, by a narcotic, but an agent whose ultimate or secondary action is, to produce inflammation and a phlogistic diathesis. Therefore, while the vital powers are greatly reduced, there is a tendency in the central organs to inflammation. This tendency is greatest in the brain. Hence the symptoms of phrenitis, in the patients whose cases have been narrated; and the actual existence, on dissection, of the products of inflammation in the case of S. D. The professor observed, that from the very nature of the injury, such cases would always be liable to a sinister termination. If patients were over stimulated, they would certainly die of acute inflammation—if depleted, they would sink. Depletion could not reach the inflammation, while the prostration of the nervous power continued; and blood-letting was apt to increase and prolong the constitutional irritation, even when it did not occasion death. In this combination of irritation and inflammation, he supposed the best remedy was the compound of opium and tartarized antimony, in a solid form—the latter being used in large doses, after the manner of the Italian physicians. Sometimes full vomiting, followed by an anodyne, is beneficial.

SELECTIONS FROM FOREIGN JOURNALS.

Deformity succeeding Burns of the Arm.—Performing the operation for their removal by a *single* incision cannot remedy this deformity to any great extent, as it will be almost impossible to prevent the cicatrix

from again contracting as the wound heals. The operation I now detail will answer better than either of those proposed by Dupuytren and Mr. Roberts, of Bangor. Make *two* incisions, so close to the arm and forearm as to include a portion of the normal integuments of both. An incision of this description giving to the excised part a triangular form, a good deal of blood necessarily flows, but it is easily restrained by pressure. By this mode the arm is brought immediately to nearly its natural form, and the wound, while healing, is much less disposed to contract. Lint, smeared with a little simple ointment, to the raw surfaces, is to be used, and two fracture splints, on the arm and forearm, are to be applied, with moderate pressure. That portion of the treatment on which depends the success of the operation, consists in keeping up a proper extension by suspending from the wrist a weight, of at first one and a half pounds, and increasing the weight as the cure proceeds; at the same time binding at the wrist and top of the shoulder an elastic piece of bamboo band, drawing with a bandage the centre of it towards the bend of the arm; this is of much consequence, as it forms an antagonist power to the flexors, which the patient, to receive temporary relief from the suspended weight, constantly throws into action. Two cases which I treated in this manner have succeeded quite to my satisfaction; one of them, a robust jail prisoner, who received the injury eight years since—the other, a delicate boy, aged 14 years, whose deformity was of four years' standing.—*Dr. Chapman, in the India Medical Journal.*

Caution respecting the Numerical Method.—In 1774 Stoll was appointed to the hospital of the Santa Trinité, and found the register kept by his predecessor during fourteen years. This register indicated each year the general mortality, and the mortality of malignant fever during twelve years. In 1769 the hospital lost in malignant fever, 1 in 3 1-2. In 1772, 1 in 11, the medium being 1 in 7. Referring to such facts as these, at a late meeting of the Academy of Medicine in Paris, M. Bousquet concluded that too much importance should not be given to the minute calculations of medical statistics, lest they should prevent the practitioner from studying the particular case which he is treating.—*London Lancet.*

Dr. Mondiere on Incontinence of Urine.—It has been said that this infirmity generally ceases at puberty, which is by no means the case, though it occasionally disappears in girls when the catamenia comes on. *Moral* means to cure this complaint are only salutary with idle children; they are totally useless in weakness of the sphincter of the bladder. This complaint cannot always be attributed to general debility, but rather to partial atony of the organs. Tonics cannot, therefore, have much influence on the disease, and we have seldom found a cure from their sole employment. A young lady, with whom it ceased on the day on which the catamenia appeared, had for several years taken wine, meat, and tonic medicaments. However, some tonics and stimulants have proved efficacious. Cantharides may be safely recommended. Dr. Roth has cured it by rhatany; sub-carbonate of iron may also be employed. The patients should drink good wine, mixed with ferruginous

water, and take exercise. Dupuytren was a great advocate for cold baths. Aromatic-plant baths, employed by Lallemand, are preferable to cold baths; at least ten are requisite. We doubt the use of electricity, though it is much lauded. Cupping, blisters, and moxas, on the perineum have been successful; but more advantage is derived from catheterism, which is strongly recommended by Baudelocque. M. Mondière chiefly advises nux vomica, 8 grains of the extract, with a drachm of oxide of iron, in 24 pills, 3 to be taken daily.—*Con. and Brit. M. Review.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 1, 1837.

A TREATISE OF DIGESTION.*

DR. SWEETSER, of whom mention has heretofore been made in terms of commendation, has laid the community under renewed obligations: he writes on subjects of the highest importance to all classes of people, and in a manner to be perfectly understood. It has been the complaint, since medicine was taught as a science, that physicians have only written for each other; and to render it morally impossible for those not initiated into the mysteries of the craft, to derive wisdom from their literary labors, all the dead languages, it is said, since the confusion of Babel, have been put in requisition, to barricade their arts. When treatises like the one now under consideration, or that on Pulmonary Consumption, by the same author, are presented in the plainest dress, in the vernacular language of the country, and purposely fitted to the meridian of all intelligent persons, it must be acknowledged that, if the complaint was just, a happy revolution has been effected in this respect. But it is no part of our design, in this bibliographic notice, to discourse on the faults of past ages, or to hold up to special admiration the improved condition of our own. That much might be said of both, cannot be questioned; but the next epoch in medicine will produce a revulsion. The fashion of this day will be severely reprobated, because a disposition is manifested to study a little of everything, without becoming thoroughly instructed in anything.

There is nothing to fear, however, from a free dissemination of the laws of life: the more men know of their own organization and the tenure of existence, the less disposed they will be to hazard the loss of that which is infinitely precious. An elementary knowledge of anatomy, physiology, and pathology, is a death-blow to quackery. Nothing would so suddenly and effectually exterminate the entire army of American quacks, as a series of volumes, in the manner of Dr. Sweetser's, widely circulated over our vast republic. Those pests of society—who like leeches draw directly upon the fountain of vitality—flee before the potent energies of a well-taught mind.

* A Treatise on Digestion, and the disorders incident to it, which are comprehended under the term *Dyspepsia*; adapted to general readers. By William Sweetser, M.D., author of a Treatise on Consumption, &c. Boston: T. H. Carter, 1837. 8vo. p. 359.

That Dr. Sweetser does not look to the profession for readers, is evident from the construction of the work, though, we can assure him, they will be amongst the foremost in both patronizing and sustaining him. And we feel safe in predicting its popularity in any country where the English language is spoken. The style is clear and concise—the deductions philosophical, and in strict conformity to the teachings of those who are revered in the schools. While we earnestly recommend its purchase to our brethren, we would with more earnestness urge it upon the multitude. Its influence would be of the best kind—as it speaks plain, common-sense truth in relation to the important subject of health.

In twenty-one chapters, the author treats of nutrition and digestion ; mastication and digestion ; deglutition ; function of the stomach ; chylickification ; passage of the chyle ; hunger and thirst ; the food of animals and man ; also the disorders of digestion. As a whole, though we cannot say that it is strikingly new, yet it is a capitally well-executed treatise.

Practical Instruction in Animal Magnetism.—Part second of the translation of J. P. F. Delenze, now in progress in Providence, R. I., by T. C. Hartshorn, Esq., has reached the bookstores. When the whole undertaking has been completed, we shall fulfil our design of examining this inexplicable matter in detail, as a medical agent.

Curiosity prompted us to visit Providence, the last week, expressly to have an interview with Miss Brackett, the blind clairvoyant, who sees best, as the Irishman said at the depot, when she cannot see at all ! To Mr. Hartshorn, Dr. Capron, Dr. Miller, beside many other gentlemen of that city, we take this opportunity to express our obligation for their polite attentions in facilitating the object of inquiry. When we return from a second examination, which it is proposed to make some ten or twelve days hence, our medical readers will be furnished with the result.

American Medical Library and Intelligencer.—The editor, in the 16th of October Number, reminds us of a mistake occurring in this Journal, some weeks since, in relation to the lectures in the University of Virginia, which were stated to begin in November, and that the professors were the same as last year, “the truth being that the lectures are advertised to commence on the first of September ; and that of the three professors of the last session, one has resigned and another died.” We take no offence in being set right in this matter. How the mistake was made, with the prospectus in hand, quite puzzles us :—but so it is, and it gives us pleasure to correct it. Once more, we are told that in speaking of strychnine, we alluded to doses of *one sixteenth of a grain, as too infinitesimal*. On reflection, this strikes us as being of more importance than we at first conceived it to be, and it therefore requires a reconsideration.

Bill of Mortality.—The superintendent of burial grounds has frequently shown us the returns made by some physicians, to his office, which are outrageously at variance with the nomenclature of diseases which was agreed upon by the Medical Association. It will be as difficult to make up the bill of mortality for the year, in December, as it ever has

been, unless those on whom it obviously devolves to correct the evil, are under all circumstances determined to conform to their own proposal to the city government. Mr. Hewes is certainly disposed to co-operate with the profession in presenting a scientific arrangement, but he will have his match, on the very first trial. As he has carefully filed the returns, it would be worth the while, for those who are curious in these matters, to call in and examine some of the chaotic materials, from which the next bill of mortality of the city of Boston is to be constructed.

New York Lying-in Asylum.—A call upon the benevolent people of the city to contribute to that institution, to sustain it, shows very clearly that no permanent funds were originally provided for its existence. The Lying-in Hospital of Boston, long before patients were received, was well located and amply endowed—and as no representation has ever been made to show that it was wanting in anything necessary to carry into successful operation the charitable intention of the founders, it is to be presumed that no call like that now made on the citizens of new York, is likely to be made here.

United States Army Surgeons.—W. L. Wharton has received the commission of Surgeon, from July, vice Dr. Minis, resigned. W. S. King, of Penn., and F. L. Sewall, of Alabama, have been created Assistant Surgeons in the Army, from Oct. 13th.

Lectures on Life.—Mr. Graham is delivering a course of lectures on his favorite subjects, life, health, and longevity, at Clinton Hall, New York, which do not appear to be so well attended as the same kind were in this neighborhood. The complaint that the discourses are individually interminable, is no new excuse for not going to hear them. Mankind are not willing to be dragooned into long life.

Exploring Expedition.—Ample hospital stores have been provided for this interesting voyage to the South Pole. Various kinds of clothing, to meet all sorts of climates, are provided at the expense of government, which are among the most necessary appendages of the medical department. Various antiscorbutics constitute another important item. Dr. Ticknor has had so much experience on the ocean, that, together with the means at his disposal, no fleet has ever been better prepared, medically, for a voyage of discovery.

Naval Surgeons.—A board of naval surgeons, for the examination of assistant surgeons for promotion, and candidates for admission into the navy as assistant surgeons, will be convened in the city of Philadelphia, on the first Monday in December next. The board will consist of Surgeon W. P. C. Barton, *President*. Surgeons Thomas Harris, Mordecai Morgan, Thomas J. Boyd, and Thomas Dillard, *Members*.

Health of Mobile.—The Board of Health of Mobile officially announced on the 15th inst. that there were at that time in the city ten or twelve

cases of malignant disease, some of which were evidently yellow fever. The announcement was made to correct exaggerated reports, and to warn strangers against coming to the city to remain any length of time, until cold weather sets in permanently, as most of the cases have originated with those who have been absent during the summer.

Statistics of Health.—It appears that in manhood when one person in one hundred dies annually, two are constantly sick. Calculating from this datum and the yearly mortality of England and Wales, the total number constantly disabled by sickness will be at least 600,000 persons; and if the same proportions be extended to Scotland and Ireland, 1,130,000. Some tables prepared from the facts of the Portsmouth dock yard, give these results:—In the year, one man in six is seriously hurt—two in five fall ill. Each man on an average has an attack of illness, either spontaneous, or caused by external injury, once in every two years; and at an average each disease lasts fourteen days. And from returns from other yards, it would seem that the sick time of the dock-yard laborers is seven to eight per cent. of their life time. The elaborate returns of the East India Company's laborers give a lower proportion.

New Medical Works.—The First Part of a Treatise "On the Nature and Treatment of Diseases of the Heart, with some new views of the Physiology of the Circulation," by Mr. Wardrop, has just been published, in 8vo., with plates, by Mr. Churchill, London.—Dr. Spillan has just issued "A Manual of Percussion and Auscultation, as employed in the Diagnosis of Diseases of the Chest and Abdomen," pocket size, published by T. Jones, Aldersgate street, London.

Medical Miscellany.—His grace, the earl marshal of all quacks, and inventor of the *matchless sanative*, Louis Offen Goelicke, talks, it is said, of coming to America!—Whole number of deaths in Mobile during the week, ending Oct. 7th, 35.—Williams, notorious in the annals of charlatanism, after having traversed the Union in one triumphant march of imposition, notwithstanding the warning voice of all editors in the country, has finally returned to New York, to his "own house."—Mr. Andros is giving exhibitions of animal magnetism in Liberty street, New York, twice a day, for a *moderate fee*.—The British Association was recently in session at Liverpool, at which, an interesting paper was read by Dr. Warren, of this city, on the resemblance between the mound crania of our Western country and the Peruvian crania.—Dr. Patterson has returned from Europe, and will, therefore, be in readiness to commence his lectures at the Jefferson Medical College, when the term opens.—Animal Magnetism is receiving much attention in London at the present time. The Baron Dupotet de Sennevoye has been performing experiments at the University College Hospital, where he has one patient with whom he has been more particularly successful, and who is styled, *par excellence*, the *prima donna* of the magnetic stage. Dr. Elliotson has given a lecture at the same hospital on the subject, part of which we may hereafter insert in the Journal.—The "Library of Useless Knowledge" has just been published in London, which annihilates, it is said, Hahnemann and Homœopathy.—Dr. Mott, of New York, now residing near Paris, is preparing a work on surgery.

Whole number of deaths in Boston, for the week ending Oct. 28, 37. Males, 18—Females, 19.

Consumption, 3—inflammation of the bowels, 2—scrofula, 1—abscess, 1—burn, 1—apoplexy, 1—inflammation of the stomach, 1—throat distemper, 1—child-bed fever, 2—typhus fever, 4—suicide, 2—scarlatina, 1—peritonitis, 2—inflammation of the brain, 1—ulceration and rupture of the coats of the stomach, 1—hooping cough, 1—croup, 1—rheumatism, 1—dropsy in the head, 1—old age, 1—quiasy, 1—stillborn, 5.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of rational relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it is not the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Supporters having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; J. W. KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me.; JOSEPH KILPATRICK, Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn. May 10—6m

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season. Fees.

Anatomy, by EDWARD REYNOLDS, M.D.*	\$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles and Operations of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,

Boston, July 5, 1837.

1 Nov. 1.

Dean of the Faculty of Medicine.

* Professor John C. Warren being in Europe, and having announced his intention not to return this winter, the Corporation of Harvard University have appointed Edward Reynolds, M.D., Lecturer on Anatomy the ensuing winter. Professor Hayward has also been appointed to deliver the Lectures on Operative Surgery. Sept. 27. W. CHANNING, Dean.

[Printers whose papers contain the advertisement of the Lectures, are particularly desired to insert the above.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVII.]

WEDNESDAY, NOVEMBER 8, 1837.

[NO. 14.]

ON THE USE OF DIGITALIS IN DROPSY.

FROM SIGMOND'S LECTURES ON THE MATERIA MEDICA.

YOU must be made aware that dropsy is to be considered as the prominent symptom of some morbid condition of the body. It is not an idiopathic disease, but it is the result of some unwonted action, into the nature of which, before you search for your remedy, you must carefully inquire. To obtain a relief from the discharge of the fluid is of course an object of anxious consideration, but beyond this you must ascertain what has been the predisposing, what the exciting cause, whether any other remedy may not be more effectual, whether the constitution of the individual is such that you may prescribe an agent which, when it does not produce good effects, may become the source of mischief, and, indeed, be more detrimental than the disease which you undertake to cure by it.

Nosologists have applied the name dropsy too indiscriminately; they have merely taken the striking symptom, and the locality in which the hydropic effusion has occurred, as the sole objects of their attention. The disease is, however, anything but uniform in its character, in the causes from which it arises, or in the effects which are consequent upon it. The states of the system in which it makes its inroads, the various diseased organs which produce it, the morbid conditions of which it is a sequela, the variations apparent in the urinary secretion, the diversities of tissues liable to its influence—all demand the most earnest attention, and must, in every individual case brought before you, be the subject of your inquiry before you can employ to advantage the remedies which have been placed in your hands.

Since the days of Aretæus, we have gained great experience; and we cannot, at the present hour, coincide altogether with the remark with which he commences his chapter on dropsy, that "very few recover from this disease, and those rather by good fortune, and the kindness of the gods, than by our science, for the gods alone watch over great events." We must attribute all we know to a supreme power; and it is by examining and availing ourselves of all by which we are surrounded, that we best show our gratitude, and we have been taught that there are conditions in which relief can be decidedly afforded by the art that we have studied.

To remove simple effusion, where no diseased viscus is present, is by

no means a difficult task ; but we have other objects in view. Sometimes we are called upon to alleviate the most acute suffering, which arises from water in the chest and in the abdomen, where we know that no effectual cure can be contemplated, and therefore we require to have in our possession varied means of action, to know when each is to be employed and when it is to be avoided. In some instances, a combination of medicines will materially assist us, and, as Dr. Ferriar has shown, a mixture of many liquid diuretics will be found eminently useful, and where digitalis is properly united, it is invaluable. It is one of those medicines which prove the fallacy of the homœopathic doctrine, for, prescribed with other drugs, its beneficial consequences are oftentimes more striking than when alone. Dr. Ferriar has upon this point somewhat a fanciful idea, but there appears, in the general principle, much soundness of judgment. He says, that he has been led by observation to suspect that there exists, in the relative effects of medicines, something similar to the harmony of colors and sounds, and that the impulse requisite to the living powers of the body, which cannot be produced by a single impression, may be effected by a concurrence or succession of impressions, in some measure dependent on each other. His "Observations on the Treatment of Dropsy," and his comparison of "The Remedies of Dropsy," two admirable papers, which are to be found in the three volumes which contain his medical reflections and histories, fully bear him out in his practice, if they do not in his theory. His prescriptions are well combined, and discriminately applied. They are not, as Crashaw has very fairly termed some of those "farragos" which are occasionally seen in chemists' shops, "certain hard words made into pills," but they are compositions which deserve attention and imitation.

With regard to the peculiar state of an individual who is laboring under effusion, you will find that digitalis will not only, generally speaking, be useless, but occasionally injurious, when there is great natural strength and vigor, which have been unimpaired by the ravages of disease, where the muscular fibre is tense, the skin hard and dry, if the individual be inclined to corpulence, if the countenance be at all indicative of determination to the head, or venous retardation, or if the habit of the bowels be slow and difficult to be called into action.

Dr. Withering first drew the distinction of the cases of hydropic effusion in which digitalis would be found unsuccessful, and, I believe, the great majority of medical men who have been in the habit of employing it, coincide with his view, and the experience of the most acute and intelligent practitioners has, on the other hand, satisfactorily demonstrated that there are states in which it is pre-eminently efficacious. In weak, delicate, irritable constitutions, where there may be present much laxity of fibre, a thin, soft, smooth, pale skin, which in the anasarcaous limb seems to be transparent, when upon pressure by the finger on the surface there appears to be no elasticity whatever, but the impression sinks in deep, and there is no evident power of resistance ; when the emaciation of the other parts of the body is very striking, where the countenance is pale, where there is feeble or intermitting pulse, when the

constitution has been much broken down, more particularly if it were originally strong, sound, and robust, where any indulgence in spirituous liquors, bad habits of life, the action of mercury, or any debilitating cause, has produced the mischief—in such states digitalis will be indicated in preference to most of the diuretics, of which I shall hereafter have to speak. You must remember, however, that it is merely the evacuation of the hydropic fluid that you will effect; but you have not advanced more than a step in the cure of disease, more particularly if that disease be connected with disordered state of the viscera, or if it be attended with paralysis. It, however, will do that which sometimes is of as much importance as any object you can have in view; it will alleviate the most distressing symptoms, and you will gain time, during which the system may be enabled to rally, and then sustain the impression of well-directed energetic remedies. Many have been the contradictory statements made of the diuretic effects of digitalis, in consequence of the want of attention to these principles, which you will find to be of vital importance to you, and you will not fail in giving relief where you judiciously employ digitalis. You will frequently be astonished at the quickness with which the fluid is evacuated; but you must not be surprised at the rapid accumulation which may again take place, when you remember what I have told you, that you do not influence the disease which caused it.

The man whose name I scarcely ever venture to pronounce without expressing my admiration—Sydenham—gives, with that sincerity and love of truth which distinguished every word that fell from him, a very happy illustration of prescribing for the name of a disease without inquiring into its causes. He was called on to attend Mrs. Saltmarsh, of Westminster, who had the dropsy in the greatest degree he had ever seen, her belly being swelled to an incredible size. He gave her an ounce of syrup of buckthorn before dinner, according to the custom of the time, and it brought away an almost inconceivable quantity of water, without causing any disturbance or faintness. Encouraged by this, he gave her, every day, interposing a day or two occasionally, a smaller dose until she recovered. He says, this was twenty-seven years before he wrote his treatise, and the lady was his first dropsical patient. Being young and inexperienced, he could not help thinking that he was possessed of an infallible medicine for the cure of any kind of dropsy; but in a few weeks he discovered his error, for, being soon after called on to attend another woman afflicted with the dropsy, which succeeded an inveterate quartan fever, he gave the syrup, and repeated it frequently, increasing the dose by degrees; but having ineffectually attempted to evacuate the water, inasmuch as the medicine did not operate, and the swelling of the belly increased, she dismissed him; and he adds, “If my memory do not fail me she recovered, by the assistance of another physician, who administered more powerful remedies.”

It is upon the heart and arterial system that digitalis acts; it decreases the irritability of the constitution, it diminishes the frequency of action of the heart, and hence the circulation through the system is so slow, that the kidneys have more time to take from the blood the watery

portion which they excrete, for we have no reason to believe that those organs are stimulated to any increased action by the herb. The physiological reasoning upon the action of digitalis has been considered to be obscure, from its having been supposed that it diminished action in one instance, and excited it in another; but I should attribute the apparently newly-acquired energy of the kidneys, not to any stimulus imparted to them, but to their having a longer period to act upon the fluid which is detained in the renal vessels. Some authors have contended that digitalis is a powerful stimulant, that it produces flushed face, hot skin, restlessness, and all the symptoms of febrile action; and this you will find to be the case where, from a diseased state of the kidneys, the due separation of the fluid from the blood does not occur, or where, from pulmonary disease, the due transpiration does not take place; for the system of circulation is slowly carried on at first, but if no elimination from the blood occurs, the whole frame is thrown into disorder, and a febrile state is produced.

Some believe that digitalis only acts as an indirect sedative, and only when it accumulates in the system, and the experiments of Jorge, at Leipzig, are referred to; the herb was given to individuals in a state of health, in doses of a quarter of a grain of powder increased to three grains. It produced upon the alimentary canal marked effects, and this also occurred to Sandrart in his trials, when the digitalis was administered in powder; but I have before observed to you, that, in this form, it is liable to produce considerable irritation of the stomach: it likewise influenced the brain, a state resembling intoxication coming on. Upon the generative system its power was strongly marked, even to the excitement of seminal excretion in the male, and symptoms similar to the premonitory sensations which females experience at particular periods.

All these phenomena may depend upon the retardation, in the capillary vessels, of the blood; Dr. Mossman, in the year 1806, was the first who drew the conclusion, from its influence on the minute arteries, and the diminution of vascular action, that it was strictly a sedative; he went so far as to state that he could obviate pneumonic inflammation with as much certainty by it as he could arrest the progress of an intermittent fever by means of the bark of cinchona. To his other observations I may, in my next lecture, draw your attention when we come to notice the effects of digitalis in inflammation and in phthisis.

I cannot, either with justice to myself or to this very important disease, detain you much longer upon the influence of this herb on dropsies, more especially as I shall hereafter have fuller opportunities of explaining to you the effects of diuretics, but I must observe that, in hydrothorax arising from any obstacle to the circulation, such as hypertrophy of the heart, when it is the termination of long protracted diseases of the thorax, if they be not accompanied by disordered conditions of the valves of the heart, digitalis may be employed. In ascites, in anasarca, dependent upon disordered states of the exhalent vessels, which throw out a larger quantity of fluid than can be absorbed, you produce good effect by diminishing the impulse with which the blood is directed to the capillaries, and you present that fluid to the kidneys for a greater

length of time, in consequence of which they can take up more to excrete than would otherwise be the case. In ovarian dropsy it seldom is found that digitalis succeeds; in hydrocephalus, in infancy, it is highly noxious. Few states of the system have had more diligent inquirers. Amongst them, Wells, Blackall, Parry, Abercrombie, Ayre, Yeats, Bostock, Bright, Golis, Clheyne, have most indefatigably labored, and the analysis of the urinary fluid has been of late years looked to with the hope of obtaining a fresh source of information. Many prefer ample depletion before the exhibition of this remedy, but I think you will generally find that when you must lower the system previously, other diuretics will be more serviceable, and I would strongly urge upon your minds, as I think it a matter of deep importance, to avoid, if possible, the junction of these two means of cure. It is true that after venesection digitalis is more diuretic, but the most fatal effects have occurred from giving the herb, where blood-letting has taken place. To use an expression which I have somewhere seen—"It kills the heart."

During the action of digitalis for the cure of dropsy, the recumbent position is preferable, for, from the experiments of Dr. Baildon, detailed in the "*Edinburgh Medical Journal*," for the year 1807, we learn that it decreases the action of the heart most when an individual is lying down. He observed in his own case, and he repeated the experiment several times, that after digitalis had taken its effect, as long as he stood erect, his pulse, which was upwards of 100, had not lessened in frequency; when he sat down it became about 75; but when he lay upon his back, it fell very considerably, and became as low even as 40. Dr. Baildon found that the same effect was produced upon all those patients to whom he had thought it proper to administer the herb. This effect is one of the most astonishing facts in our history of this sedative; it is very singular that it has not excited more attention, and led to some decisive experiments. Although Dr. Baildon's trials of this interesting substance have been detailed by a vast number of authors, there does not seem to have been drawn from them that result which minute investigations would most probably afford to us in our practice.

There is almost always some degree of nausea, of hunger, of uneasiness, of general irritability present, whenever digitalis is given; indeed it would almost appear to be necessary for its salutary influence to be produced, and Dr. Paris has a very judicious and a very practical remark upon this point, which I think will be fully borne out by all those who use it, that every attempt to prevent these unpleasant effects, or to correct the operation of digitalis, by combining it with aromatic or stimulant medicines, seems to be fatal to the diuretic powers of the remedy: he has likewise quoted Dr. Blackall, who objects, in some cases, to the union of mercury, digitalis, and squill; to the combination of the two latter, however, I do not think the same objections arise as to the first.

In some individuals the miserable train of sensations that follow upon the employment of this remedy, precludes the possibility of persevering in it even when we perceive that it has been successful; nausea, vomiting, excessive depression of spirits, and fainting, often prevent us from proceeding further with it, and as any attempt then to combine it with

any drug that might be supposed to obviate its bad influence destroys its efficacy, we are obliged to abandon it altogether.

There is a point at which we can no longer administer digitalis; this is generally ascribed to its accumulation in the stomach, but it seems to be rather dependent upon the very low tone to which the vascular and muscular systems have been lowered, for neither by vomiting nor by purging has any portion of the digitalis been thrown off, and the same effects are visible if the endermic mode of acting upon the system have been pursued. It is generally at about the eighth dose that the baneful influence of the herb is visible, and this often happens whether the dose have been large or small, whether it have been diminished or increased, whether it have been given twice or three times in the course of the day; some curious examples have been quoted by Sandrart in two papers which appeared in the "*Bulletin General de Therapeutique*," in the year 1833. They present some very extraordinary results from its continued use; his cases were principally diseases of the heart; out of 57, 31 had maladies of that organ, 13 being hypertrophy without dilatation, eight hypertrophy with dilatation, and eight dilatation without hypertrophy; they fully bear out the great necessity of caution which the wisest and most experienced men of our own country have so strongly inculcated; he seems, with Dr. Halloran, Dr. Hamilton, and others, to consider it as a narcotic, first stimulating, and afterwards acting as a sedative. When the poisonous effects are produced after the symptoms of disturbance of the alimentary canal (indicated by the vomiting and purging, then vertigo, drowsiness, and frequent faintings) come on, the skin is bedewed with a cold sweat, the tongue and lips swell, profuse salivation occurs, sometimes the action of the kidneys is totally suspended, at others it is increased, with frequent desire to expel the urine, or at others inability to retain it is felt; the pulse intermits and is slow, and delirium, hiccoughs, cold sweats, confused vision and frequent faintings follow, till death closes the scene.

Dr. Henry gives us an instructive example, in the eighth volume of the "*Edinburgh Medical and Surgical Journal*:"—A female, laboring under dropsy, took an over dose of a decoction which had been made by boiling two handfuls of the leaves in a quart of water, then pressing the mass so as to express the whole of the liquor. At seven in the morning she drank two tea-cupfuls, amounting to not less than ten ounces by measure. In an hour's time she began to be sick, and vomited part of the contents of her stomach. Enough, however, was retained to excite vomiting and retching throughout that and the whole of the following day, during which everything that was taken was rejected. In the intervals of sickness she was exceedingly faint, and her skin was covered with a cold sweat, the tongue and lips swelled, and there was a constant flow of viscid saliva from the mouth; very little urine was voided on the day she took the digitalis, and on the following days the action of the kidneys was entirely suspended; when Dr. Henry saw her, which was 48 hours after she had taken the poison, the tongue was white, the ptyalism continued, though in a less degree, and the breath was *foetid*; the pulse was low, irregular, not exceeding 40, and after

every third or fourth pulsation an intermission occurred for some seconds ; she complained also of general pains in the limbs, and cramps in the legs. By the use of effervescent draughts, and ether with ammonia, she gradually recovered from her imperfect health. Dr. Henry states that she had taken no mercury, and that the ptyalism was the effect of the digitalis.

Professor Brande, in his "*Elements of Pharmacy*," gives an instance of that carelessness which is sometimes met with in our public institutions, where those who order an important drug, forget to give the necessary caution, and the patient continues to take daily, without having any one to watch its effects, an energetic poison as a remedy. He says that he knew an instance of a person who suffered under anasarca of the legs, and who applied for relief to a dispensary, where he received a box of pills, one of which he was directed to take three times a day ; on the evening of the third day, he complained of great debility and faintness, and in the course of the night vomiting and fainting came on ; in the morning he died upon attempting to get out of bed. This sudden death, from the influence of digitalis, is by no means an unusual event ; and hence it is advisable, that when it has been administered for a short time, exertion should be avoided, and the patient kept in a recumbent position ; the slightest movement may prove fatal, for the pulse instantaneously quickens, the heart throbs and labors excessively, and fainting occurs from which there is no recovery ; not only have there been such instances of sudden death during the administration of the medicine, but even two or three days after it had been discontinued. It has been very properly described by my late valued friend, Professor Burnett, in one of the best works on botany that we possess, his "*Outlines of Botany*,"—"as one of our most beautiful native plants, and one of our most active indigenous medicines and insidious poisons. Its influence over the action of the heart, and its power of reducing the rate of the sanguineous circulation, would alone render it an important remedial agent, but when to the above are added the collateral effects on the kidneys and salivary glands, and its peculiar characteristic of lying, as it were, for a time, latent, and accumulating the power of repeated doses, so that by one fell swoop the heart is in a moment palsied, and life at once extinct, it must be acknowledged that it is a most fearful as well as useful drug."

Few medicines have been more fairly tried as an iatroleptic or cutaneous medicament in France, than this has been in the cure of dropsy, and it has answered the most sanguine expectations that had been formed of its efficacy. Dr. Chrestien, to whom we are much indebted for his experiments, has given us a fair narration of the cases in which he was successful, and those in which he failed. He is borne out in his practice by M. Cros Rogery, of St Geniez ; by Bernard, of Bezieres ; by Blavet, of Monthozin ; by Roucher, of Montpellier ; and by Archibald Aspd. Under M. Rogery's treatment by the friction with digitalis, a case of dropsy of the abdomen, which followed upon a repelled eruption, was cured. Under Dr. Chrestien, dropsy, the sequela of scarlet fever, disappeared ; and dropsies consequent on vascular inflammation,

and on splenitis, after intermittent fever, have yielded to friction upon the hypogastrium, with tincture of digitalis, three times in the course of the day. The tincture is made by macerating, for a quarter of an hour, an ounce of the leaves in three ounces of alcohol. The method employed by Brera, which was the first introduced, and therefore somewhat rude, consisted in macerating the digitalis in saliva, and then applying it by friction on the abdomen. I drew the attention of the profession to what had been done in this way, in France, three years ago. I have tried the system, but do not find it as successful as the internal administration.

REPORT ON THE RADICAL CURE OF HERNIA.

[Continued from page 191.]

(d) *Of the Appendages.*—THE perineal strap is never wanting in the inguinal truss of Dr. Chase. It is attached behind by means of a sliding loop, through which pass the spring and cover. Before, it is commonly secured to the strap-button, but each instrument is also provided with another button made expressly for the perineal strap. This is seated on the lower extremity of the block-slide, and may be used to give additional security and force to the action of the block when the lower part of the abdomen is very prominent and loaded with fat. The back-pad is a very important appendage to the truss, giving great certainty to the position of the instrument, by protecting from irritation the spinous processes of the sacrum, and filling the interval between the spring and the integuments along the median line on the back of the pelvis. Some very important improvements have been made in the construction and mode of attachment of this pad. It is formed of a simple circular disk of tin, about four inches in diameter, covered with soft buckskin, and lightly wadded. A broad sliding loop of leather suspends it on the spring and cover, so that its position may be adapted exactly to the size of the patient and other accidental circumstances. This perfectly free mobility of the back-pad is believed to be a novel arrangement and one of high practical importance; for it is found that the parts about the back of the pelvis are so intolerant of even slight pressure, when very long continued, that the subcutaneous fat becomes absorbed and the skin irritated by the mildest back-pad, if it be worn in one invariable position for many months consecutively. This difficulty is entirely obviated by an occasional change of position produced by sliding the pad a little toward one or the other side—a change that is not attended with any loss in the security of retention, and which is accomplished more readily by the arrangement just described than by any other known to the Committee.

Having thus analyzed the several parts of the inguinal truss of Dr. Chase, the Committee feel bound honestly to state their conviction that this instrument surpasses all others known to them in the accuracy and permanence of its retentive power in common inguinal hernia; a conviction fully sustained by all their practical observations of the action of

trusses. The instrument is worn with so much comfort, that patients generally relinquish it unwillingly, and sometimes *absolutely refused so to do*, even when pronounced well by the surgeon.

Chase's Common Inguinal Truss for the Right Side.

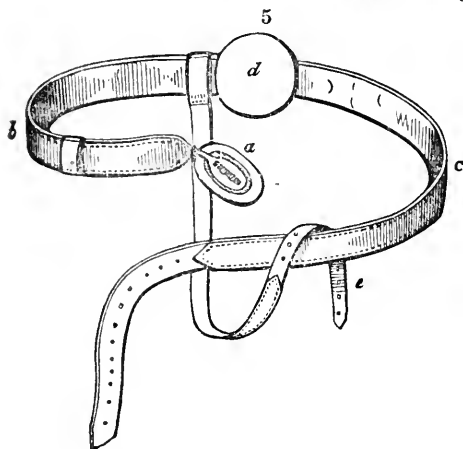


Fig. 5.—*a* The block and block-attachment.

b The part of the spring which bears the greatest stress and requires the highest temper.

c The termination of the spring, made more flexible, and extending to the edge of the os ilium between the two spinous processes on the opposite side of the body.

d The back-pad seen in situ.

e The perineal strap with its end thrown round the extremity of the spring-cover.

Chase's Vento-Inguinal Block and Attachment.

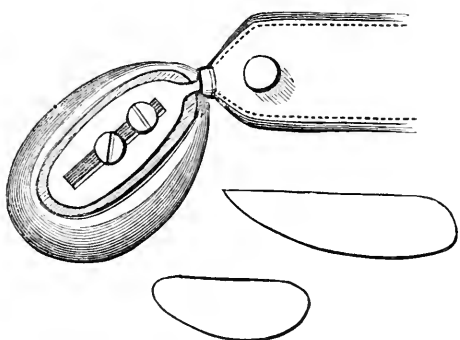


Fig. 6.—The attachment being in all respects similar to that in fig. 2, no references are required.

Fig. 7.—Longitudinal section of the block.

Fig. 8.—Transverse section.

It will be recollected that at the time of the Preliminary Report, Dr. Chase employed in ventro-inginal hernia, either his own common inguinal block, or a modification of Hood's block with a parabolic projection. The former did not furnish sufficient security against protrusion, and we have already mentioned that the latter, though approved by the Committee as the best solid block then in use for inguinal hernia, is liable to some decided objections, not altogether unattended with danger. The Committee, therefore, stated that they considered "a more perfect instrument to fulfil the same purposes, both possible and desirable." (Pre. Rep. 323.) Their views on this subject having been freely communicated to Dr. Chase, who was already conscious of the necessity of improvement in this instrument, he devoted his mechanical talent to the

removal of the difficulty. The result was the construction of the ventro-inguinal block, described by the Chairman under the head of American Intelligence, in the same number of the American Journal which contains the report (p. 543). At the time that the note was written, the Committee had not enjoyed an opportunity of testing the practical application of this block. They have since witnessed its operation in many cases, some of which were of a very unfavorable character. It is extremely difficult perfectly to retain a ventro-inguinal or direct hernia by any of the forms of soft pads, as it is indispensably necessary that those pads should press extensively upon the brim of the pelvis, in order that they may completely guard an orifice bounded on one side by the pubic bone. This pressure not only increases the number and severity of the cases of varicocele, a disease of frequent occurrence, under the use of all trusses, though seldom of much moment, but it also gives rise occasionally to troublesome hydrocele, and sometimes to wasting of the testicle. The form of Chase's ventro-inguinal block is so accurately adapted to that of the os pubis, that it has secured the bowel perfectly in every instance of ventro-inguinal hernia in which it has been seen applied by the Committee. The primary adjustment of the truss is considerably more difficult, and requires more time and skill in the worst cases of this accident than in the inguinal variety, but the ultimate success of retention does not appear to be less perfect when once accomplished. The pressure of this block upon the os pubis has been made a subject of complaint in only one instance, and the inconvenience then resulted from a slight mal-adjustment in the first application, which being corrected, the difficulty never recurred.

[To be continued.]

CONTROLLING POWER OF VACCINATION.

BY THOS. PRITCHARD, OF HEREFORD, ENG.

[THE following communication was made to the London Lancet in confirmation of the opinion recently advanced by Mr. Bree, in the same Journal, that vaccination has no power of preventing, or even modifying, the smallpox, if performed after exposure to the influence of the contagion.]

August 4. I vaccinated a very healthy child in Lugwardine, near this city; the vaccine pustule formed, and went through its usual stages.

10. I took lymph from the arm for the purpose of further vaccination.

16. I was called to the same child, and found it laboring under the premonitory symptoms of smallpox, and in due course it had that disease in a confluent form. Fearing that the nurse might also become in-

* "Chase's ventro-inguinal block resembles the common inguinal block, strongly compressed upon its broader convexity, until the more sudden curvature is made to overhang the base to a great extent, particularly in the middle of the length of the block, so that when the block is placed on its base and viewed perpendicularly, it presents on one margin a semi-elliptical curvature, and on the other an effuse parabola. This form permits the effective pressure of the block to act very near the brim of the pelvis without injuring the spermatic cord, or contusing the integuments against the bone; and it would appear difficult to contrive a form of pad better fitted to secure the retention of the bowel in this very troublesome variety of hernia."

fect, I immediately vaccinated her, but in ten days after (although vaccination satisfactorily matured), she, as well as the mother of the child, sickened, and had confluent smallpox. Three other servants in the same house are now under my care with the same disease, all having marks of early vaccination in their arms. I beg you to observe that the nurse, who was vaccinated, had a heavier load than those who were not, and this I think clears up the point, that

Vaccination has no power of preventing or even modifying variola, if not had recourse to before the system has become contaminated.

SUCCESS OF VARIOUS REMEDIES IN THE GRAND HOSPITAL OF PALERMO.

[Communicated for the Boston Medical and Surgical Journal.]

THE subjoined table, translated from Portal's "Trattato di Clinica Chirurgica," is of some practical interest, though, of course, partial and defective in its character. Its object is to give, summarily, the success of the curative means employed in the Grand Hospital of Palermo, and elsewhere, during ten years, from 1825 to 1835. It is to be noticed that opium, camphor, and red precipitate are, from the manner in which they were employed, necessarily excluded from the table.

Remedies.	Diseases.	Cured.	Relieved.	Died.
Seton - - -	Ancient fracture - - - - -	3		
	Lymphatic abscess of the mamma - - - - -	1		
Seton in nape of the neck	Mania - - - - -	2		
	Chronic ophthalmia, with opacity of the cornea - - - - -	7	5	
	Inguinal hernia - - - - -	2		
	Crural " - - - - -	2		
	Hernia of the iris - - - - -	15	2	
Belladonna - -	Ophthalmia - - - - -	10		
	Spasm of the muscles of the face and the sterno-mastoidens - - - - -	2		
	Umbilical hernia - - - - -	1		
Belladonna, with mercurial ointment	Articular dropsy of the knee - - - - -	2		
	Swelling of the testicle - - - - -	4		
Tinct. of Strychnia	Paraplegia - - - - -	1		
Acetate of Morphia, with Janin's pomade	Palpebral scab - - - - -	51	5	
	Purulent discharge from palpebra - - - - -	24		
	Morbid granulations of the Meibomian glands - - - - -	57	13	
	Epilepsy - - - - -	4		
	Opacity of the cornea - - - - -	38		
Nitrate of Silver	Ulcers upon the cornea - - - - -	81	9	
	Hernia of the iris - - - - -	10	5	
	Fistula lachrymalis - - - - -	45		
	Confirmed lues - - - - -	301	36	4
Mercurial Ointment and its preparations	Chronic ophthalmia - - - - -	3	1	
	Chronic swellings - - - - -	60	8	
	Venereal ulcers - - - - -	98		
Sarsaparilla - -	Confirmed lues - - - - -	25	20	
Cinchona - - -	Dry gangrene - - - - -	3		
	Humid do. - - - - -	38		9
Calomel - - -	Ophthalmia, internally and externally - - - - -	4		
Acetate of Lead -	In collyrium for ophthalmia - - - - -	21	6	

Remedies by Surgical Operation.

Operations.	Nature.	Number.	Cured.	Relieved.	Relapsed.	Died.
Amputation - -	Of the thigh (circular) - - - - -	2	2			
	“ arm “ - - - - -	3	2			1
	“ forearm “ - - - - -	1	1			
Disarticulation -	Of the metacarpal of thumb - - - - -	1	1			
	“ hand (circular) - - - - -	1	1			
	“ phalanges (do.) - - - - -	29	29			
Semi-castration -		2	2			
Hydrocele - - -	(Incision) - - - - -	5	5			
do. - - -	(Injection) - - - - -	31	31			
Cutting for Fistula		135	131			4
	Of tumors - - - - -	75	72			3
	excrescences - - - - -	141	136			5
Extirpation - - -	fungi - - - - -	2	2			
	polypi - - - - -	40	37			3
	mammary - - - - -	11	1			10
	Inguinal - - - - -	5	3			2
Herniotomy - - -	Crural - - - - -	4	3			1
	Umbilical - - - - -	1	1			
Extensive cutaneous incisions		34	29			5
Circumcision - -		35	35			
Resection of Bones		6	5			1
Tapping - - -	Of the knee joint - - - - -	3	2		1	
Urethrotomy - -		3	3			
Recision - - -	Of tonsils - - - - -	10	10			
	In swelling of the tonsils - - - - -	8	8			
	ranula - - - - -	8	8			
	hemorrhage from piles - - - - -	2	2			
Actual Caustery -	malignant pustule - - - - -	10	9			1
	parulis - - - - -	2	2			
	epulis - - - - -	4	4			
	chronic venereal bubo - - - - -	4	4			
	parotitis - - - - -	6	5			1
	caries of lower jaw and tibia - - - - -	5	5			
	Of the humerus - - - - -	10	9	1		
	“ femur - - - - -	2	2			
Reduction of Luxations.	“ wrist - - - - -	7	7			
	“ tarsus - - - - -	2	2			
	“ lower jaw - - - - -	2	2			
	“ patella - - - - -	1	1			
	Of the radial - - - - -	1	1			
	“ brachial - - - - -	1	1			
Ligature of Arteries	“ femoral - - - - -	2	2			
	“ temporal - - - - -	1	1			
	“ crural - - - - -	1	1			
Removal of Pterygium		63	59			4
For Empyema -		2	2			
Resection of Uvula		2	2			
Lithotomy - - -	Lateral operation - - - - -	8	6			2
Artificial Pupil -		10	5			
Fistula lachrymalis		46	44			2
Acupuncture - -		6	3			
Recision of Conjunctiva		26	26			
Arteriotomy - - -	For apoplexy - - - - -	8	1			7
	ophthalmo-blenorrhœa - - - - -	2	2			
Incision - - -	For imperforation - - - - -	3	3			
Catheterism - - -		151	140			11
For Cataract - -		3	2			
Paracentesis - - -	Of bladder - - - - -	3	1			2
	abdomen - - - - -	14				14

Operations.	Nature.	Number.	Cured.	Relieved.	Relapsed.	Died.
For Harelip - -		4	3		1	
Recision - - - -	Of lower lip - - - - -	2	1		1	
	Of nasal bone - - - - -	4	4			
	frontal do. - - - - -	3	2			1
	clavicle - - - - -	20	20			
	humerus (Boyer's) - - - - -	29	28	1		
	radius - - - - -	10	10			
	ulna - - - - -	6	6			
	ulna and radius - - - - -	6	6			
	neck of femur - - - - -	36	7	28		1
	femur (Pott's) - - - - -	7	6			1
	patella (Assalini's) - - - - -	8	7			1
	tibia - - - - -	20	20			
	fibula - - - - -	9	9			
	tibia and fibula - - - - -	10	9			1
	bones of carpus - - - - -	5	5			
	ribs - - - - -	9	8			1
	acromion - - - - -	4	4			
	olecranon - - - - -	3	3			
	lower jaw - - - - -	3	2			1
Amputation of Penis		5	3			2
Extirp. of Ganglions		4	3		1	

In this prospectus to his clinical observations and cases, Signor Portal presents an exhibition of success, so remarkable, as almost to alarm us for his veracity. But it would be unfair not to allow him the confidence due to an ardent lover of science, at least after deducting a reasonable per centage as a commission to the love of one's own reputation; especially when we can place by the side of what he claims in the use of belladonna, and the nitrate of silver, his humiliating admissions in regard to amputating the breast. He remarks in a note concerning the extract of belladonna combined with acetate of lead, that he has used it happily for acute ophthalmia of severe character, in cases too numerous to calculate. The fatal cases of amputated breast were all decided by a reproduction of the cancerous disease. The five fatal cases following the cutaneous incisions, were from extended gangrene. The fatal result following the resection of a bone, arose from a fierce meningitis occurring after the operation. The two deaths following the operation of lithotomy, and the two from paracentesis of the bladder, were occasioned by cysto-peritonitis. The single fatal case of fractured cervix femoris, depended on an attack of apoplexy; and that of fractured femur, on tetanus.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 8, 1837.

DR. WARREN'S RHINOPLASTIC OPERATION.

IT will be recollected that a detailed report of Dr. Warren's operation for a new nose, accompanied by three lithographic heads, illustrative of

the appearance of the parts before and after the operation, appeared in this Journal several months ago. The expression was at the time—that it was one of the triumphs of modern surgery—the construction of a perfect nasal organ from the teguments of the forehead. As it has been circulated of late that the case was not as successful in the end, as was anticipated, we have taken pains to investigate the matter in person. On Sunday evening an interview was held with the patient. He is not only in most perfect health, but he has a good and wholesome facial expression. No person, unacquainted with the facts, would ever suspect that his strongly marked aquiline nose was wholly taken from the forehead, above the orbits. It might, perhaps, occur to the spectator, as a casual thought, that the individual had received a sabre wound on the left side of the nose, down to the corner of the mouth. He is a painter, by profession, and labors constantly—almost forgetting the sufferings through which he has passed. The nostrils are well turned—and the new nasal apparatus is used for all the common purposes. If compressed or closed, the character of the voice is changed—even colds produce the same phenomena as in the original one.

As a general rule, the defects of the rhinoplastic operation are shown in the diminutive size of the new nose—the bridge of which falls down, ultimately, to a level with the face, presenting a shocking deformity, of which the patient cannot divest his mind. He therefore shuns society, and is an outcast, partly as a matter of necessity, and partly from choice. But in Dr. Warren's case, the usual errors of other surgeons, in this respect, were avoided—more material being secured, which is always safest, as, if any absorption takes place, enough will remain to maintain the desired prominence, the chief character of the external organ. A kind of muscular motion at the wings and at the root, on the left side, near the inner canthus of the eye, is quite perceptible. This is undoubtedly effected by the fibres of the levators of the lip, corrugators and occipito-frontalis. No diminution in the size will probably hereafter take place. The operation occurred on the 19th of September, 1836—and as no change, either in appearance or function, has since been manifested, it is fair to conclude that it will remain permanently as it is—as perfect as it is possible for an artificial nose to be. The sensation is precisely as in the old nose. At first, the tip, when touched, appeared to be on the upper part of the forehead; but the sensation is now referred to the point where impressions are actually made. On the whole, our admiration has been greatly increased by this opportunity of reinspecting the perfect success of this remarkable operation.

Smallpox.—Several cases occurred, as heretofore stated, a week or two since, in the city of Lowell. Only one new one has since appeared, which demonstrates the value of vaccination. At Nashua, N. H., one person has the disease—a small child has died with it, and there is also a case at Merrimack. At the south and west, where there was a prevalence of the malady a few months since, it seems to have been circumscribed. Vaccination is the only course to be pursued with any prospect of limiting the wide-spreading devastation of smallpox, where it once makes its appearance.

Amputations.—A good, judicious work on this simplest branch of surgery, is as much wanted in this country as any scientific treatise that

could be indicated. Every manual, from the cost of an English shilling to the dearest books on operative surgery, are elaborate enough on amputations, and yet scarcely any two agree in deciding what method is best. It is precisely so with the operators throughout the entire country : one pursues one particular plan, and a second adopts another. No more compilations should be tolerated;—if practicable, let us have an American book. Amputations at the articulations, and amputations generally, should be treated of, and nothing extraneous ought to be introduced.

Foreign Correspondence.—An interesting letter from a Boston physician, dated at Edinburgh, was received too late for this number, but it shall have insertion next week.—Dr. Warren's paper read at Liverpool, before the British Association, on American Crania, has also been received by the last packet. This, too, we propose to present our readers as soon as other matters can be disposed of.

Medical Introductory Lectures.—Though disappointed in not finding it convenient to be present when the several professors, at the Medical College in this city, gave their introductory, last week, we have been assured they were highly satisfactory. Dr. Lewis, who should never be permitted to leave the school so long as the corporation can devise ways and means for paying him for his services, will render important assistance to the students of the anatomical department the present term. Last season, there was a general regret that he had neither part nor lot in the matter.

Dartmouth College.—Ninety-two students compose the present class. Of this number, one is an Indian and another a negro.—No returns have been made of the classes at Berkshire, Fairfield, New Haven, or Castleton. Probably the publication of the catalogues has been postponed to the close of the term.

Boylston Medical Society.—On Tuesday evening, Nov. 14th, an address will be delivered before this energetic association, at the Medical College, which we recommend the medical gentlemen of the city, and particularly all honorary members, to attend.

Blind Institution.—Dr. Howe, the director of this institution, and a member of the medical profession, who eminently distinguished himself as a surgeon in Greece, in the memorable struggle of that oppressed country against the Turks, will transmit his name to posterity in the character of one of the benefactors of the age in which he lives. His improvements in embossed printing, the singular advantages of his alphabet, beside various other devices by which the blind are able to enlarge their sphere of knowledge through the sense of touch, are meritorious in the highest degree.

To CORRESPONDENTS.—Dr. Carpenter's singular cases of disease of the uterus, Dr. Sewell on Double Amputation, with the interesting letter referred to above, are reserved for next week.

DIED.—In Natchez, Mi., of the yellow fever, Dr. Thomas Davis.

Whole number of deaths in Boston, for the week ending Nov. 4, 21. Males, 12—Females, 9.

Consumption, 2—burn, 1—drowned, 1—inflammation of the bowels, 1—old age, 1—measles, 1—dropsy in the head, 1—inflammation of the lungs, 1—inflammation of the stomach, 1—croup, 2—disease of the heart, 1—paralysis, 1—stillborn, 3.

LECTURES ON THE DISEASES OF THE EYE.

DR. JOHN JEFFRIES will deliver a course of Lectures on the Anatomy and Diseases of the Eye, at the Massachusetts Eye and Ear Infirmary, corner of Pitts and Green streets, to commence on the eighth day of November. Apply to DR. JEFFRIES, No. 9 Franklin street, or at the Infirmary, any day, at 11 o'clock, A.M. Nov. 1—ep3t

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 19th of February, 1838. Anatomy and Surgery, by JOSEPH ROBY, M.D., late Demonstrator of Anatomy in the Medical School of Harvard University.

Theory and Practice of Physic, Obstetrics and Medical Jurisprudence, by JAMES M'KEEN, M.D. Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person, becoming a member of this institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$51. The lectures continue three months.

Degrees are conferred at the close of the lecture term in May, and at the following Commencement of the College in September.

Professor M'KEEN, who has been absent during the last year, visiting the hospitals of Great Britain and France, will return to this country before the commencement of the lectures.

P. CLEAVELAND, Secretary.

Brunswick, Oct. 1837.

Nov. 8—eop6t

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by DR. CHANNING.

On Physiology, Pathology, Therapeutics, and Materia Medica, - - - " DR. WARE.

On the Principles and Practice of Surgery, - - - " DR. OTIS.

On Anatomy, - - - " DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel with out any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$10—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,

JOHN WARE,

GEORGE W. OTIS, JR.

WINSLOW LEWIS, JR.

Oct. 18—tf

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVII.]

WEDNESDAY, NOVEMBER 15, 1837.

[NO. 15.]

MEDICAL MEMORANDA.

BY A BOSTON PHYSICIAN NOW IN EUROPE.

[Communicated for the Boston Medical and Surgical Journal.]

DEAR SIR,—I wish it were in my power to give my friends at home some notion of the advances our science has made in this country. But they run into every department of the profession, and are, of course, so numerous that I cannot describe them. To understand, you must see them. It is no discredit to our country that we do not keep pace with Europe in the improvement of physical science. The division of labor, the high rewards of successful industry, but, above all, the collision and comparison of opinions between the master spirits of the day, give to Europe advantages which America cannot expect to attain at present. We are, however, advancing so rapidly that we shall not be far behind them.

Among the most active and successful cultivators of science, is Dr. Arnott, the inventor of the water bed. He is a physician of an amiable and philanthropic disposition, of very active habits and agreeable manners. He has contrived a water chair for invalids, on the principle of his water bed. The sofa, on which we sat at his house, was of the same description; and I would state, for the information of any one who may have occasion to use the water beds, that the water in this sofa had not been changed for a number of years, and was perfectly sweet at the time I saw it. Dr. Arnott has contrived a stove, on philosophical principles, which gives out nearly all the heat generated by combustion, and of course must be a great advance on other inventions. The most essential and peculiar part of it consists in making it a regulator of the quantity of air admitted for combustion. This stove he will perhaps exhibit at the meeting of the British Association in Liverpool, next month.

Sir Astley Cooper continues to be one of the most zealous and successful cultivators of anatomical and pathological science. Having acquired an ample fortune, he has no occasion to submit to the laborious and responsible duties of the profession; but he is ready, at stated hours, to give advice to those who apply, both at his own house, and in the town. He rises early, and employs two or three hours in anatomical and surgical investigations before breakfast. Afterwards he receives patients at his house till two; then visits till six or seven, the common hour of dinner; and when he entertains, which he frequently does, the

evening is devoted to his friends; and when not, he commits to writing what he has seen in the day. He does not regularly attend any hospital, though, as consulting surgeon of Guy's, he is ready to visit when he can be useful, and his attendance is hailed with pleasure by the surgeons, as a gratifying occurrence. You may ask, perhaps, what subjects he investigates. He told me he was employed in studying the anatomy of the female breast, as a preparation to his work on the malignant diseases of that organ. When he intends to publish, he did not say. Probably it may be some time first. The researches necessary to elucidate this subject, require frequent injections and dissections. His injections are among the most beautiful and fortunate which now exist. Those of the thymus gland finely illustrate the anatomy of this organ, and go far to establish its physiology. As an example of his great industry and insuperable perseverance, I will state a fact. He accidentally came in possession of the whole viscera of the thorax and abdomen, exhibiting phenomena which are rare, and of which there is no existing preparation. Sir Astley determined to inject and preserve this as a dried preparation. The labor in securing the thousand small wounded vessels did not deter him. He succeeded in injecting and preserving all the organs, even the liver, in a dried state, and produced an invaluable preparation which may last for centuries. This distinguished person is now in Edinburgh, the first time for fifty years, and has been received with great cordiality by the profession, and a public dinner is to be given to him by the Royal College of Surgeons.

The number of distinguished men in London is so great that I am doubtful of the propriety of speaking of any individual, aware as I am of the impossibility of doing justice to the characters of such men in a few words. The editor of the works and author of the biography of Dr. Armstrong, is almost as well known in our country as in England. In this, he holds a high reputation, both as an author and a man of science; and to show the standing that he occupies here, it is sufficient to mention that he has lately been selected as one of the governors of the new university.

The friend of Dr. Boott, Dr. James Clark, is also well known in our country. Dr. Clark is the author of the best treatise on consumption which we have in the language—a work which places the prevention and treatment of this great enemy of our race in a more distinct light, and on a more rational plan, than any other. Every physician and every student should read it, and they will there find all they require to conduct them in those practical pursuits for which no reading can be a substitute. Dr. Clark is a person whose character and manners excite extraordinary interest in those who meet him; quiet and retiring in manner, yet whatever he says shows thought and good judgment. He is now physician to the queen, and has reposed in him a high degree of confidence by distinguished persons.

Having mentioned Dr. Arnott, I will state that he is about publishing another edition of his excellent work on natural and experimental philosophy. This will contain many improvements on the former editions. Sir Charles Bell is about to publish, in two volumes, a work on the Prin-

ciples and Practice of Surgery. Sir Charles has been appointed Professor of Surgery in the University of Edinburgh, to which city he has removed from London. Sir B. C. Brodie is preparing another edition of his work on Joints. He told me that his views of practice in their diseases were much changed. Mr. Liston has a new surgical work in hand, with numerous wood cuts. This will be a valuable and useful work. Among the works recently published is Dr. Alison's Outlines of Physiology and Pathology. This gives a correct view of the present improved state of these sciences in Europe. Mr. Syme has printed a second edition of his Principles of Surgery—a work well known for its comprehensive and exact statements. Dr. Abercrombie has not published anything new in medicine of late. He is, however, always occupied in some useful work, and has lately printed a small book addressed to the working classes, which will be of great use, and shows the extent of his philanthropy and power of observation.

I began to write with the intention of giving some little information of new publications on this side of the Atlantic, thinking it might be useful and interesting; but have extended my thoughts to subjects of a different nature, and which, perhaps, had better have been omitted or referred to a future period. As, however, I am unwilling to lose the time employed in writing them, I send them for your amusement, wishing them to be considered as hasty and inadequate sketches of the distinguished persons whose names are mentioned.

I remain yours, &c.

Edinburgh, August 29, 1837.

W.

CASES OF DOUBLE AMPUTATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you annexed two cases of double amputation, as they occurred in the Hotel Dieu Hospital, of this city. As far as I have been able to ascertain, the plan followed is new, and as the results in both cases have been highly satisfactory, I shall feel obliged (should they be deemed of sufficient interest) if you will give them a place in your valuable Journal. I have contented myself with merely detailing the facts of the two cases, as drawn in the first, from notes furnished to me by Dr. Morrin; and in the second, from memory, it having so recently come under my own observation, and reserve to another time, if necessary, some arguments in favor of the mode pursued, premising here, however, that I am by no means prepared to recommend it in ordinary cases of sudden and severe accidents, as, for instance, compound fractures, &c., where the *immediate* removal of both limbs may be required.

Quebec, Oct. 20, 1837.

I remain, sir, your obt. servt.

JAS. A. SEWELL, M.D.

James Brown, æt 27, was admitted into the Hotel Dieu early in May, 1833, under the care of Dr. Morrin. His history was, that he was a sailor, and had been shipwrecked the fall previous in the Gulph of St. Lawrence—that he had been exposed for a considerable time to intense

cold, by which both legs were frozen—that he got with difficulty to the nearest habitation, where he remained all winter, without medical assistance, enduring a series of privations and suffering. On admission into the hospital, both limbs were found to be in a complete state of sphacelation, the lower ends of the tibiæ and fibulæ, together with the bones and ligaments of the ankle joints, being entirely exposed, and his whole general appearance indicating great constitutional disturbance. It was at once apparent that amputation alone could save life. The question, however, whether one limb should be removed, and some time allowed for the system to rally before the second operation should be undertaken, or, on the other hand, whether the double amputation should be simultaneously performed, could not so readily be decided. After due deliberation, it was determined that the latter plan should be adopted, and the operations were accordingly performed at one and the same moment by Dr. Morrin and the late Dr. Hall. The operation occupied about the usual time, the man was removed to his ward, and recovered without one untoward symptom, with the exception of an abscess which formed in the pectoral muscle of the right side, in no way connected with the operation, but caused, I believe, entirely by his having been exposed to much hardship during his passage up to Quebec, on board a small schooner, where his only bed for several days and nights consisted of a *coil of coarse cable*, the pressure from which (considering the poor fellow's helpless condition), may be easily conceived. The abscess healed kindly, and he was discharged perfectly cured within the month.

The second case was that of a young Canadian, who came under my care in March last, in the Hotel Dieu. He was of very intemperate habits, and had, one night in January (when in a state of intoxication), lost his way on the ice between Quebec and the island of Orleans. He was found on the following morning with both feet completely frozen. When I first saw him mortification had extended about midway up each leg, the bones of which were, to a considerable extent, perfectly denuded, the feet remaining attached by the lateral ligaments alone. He was at this time losing ground rapidly—appetite entirely gone, with profuse night sweats and colliquative diarrhœa, and expressed an earnest desire for the immediate removal of the legs. Double amputation below the knees, as in the foregoing case, was accordingly performed by Dr. Parrot and myself. The first dressings were removed on the fifth day, when both stumps were found almost completely united by the first intention. The man recovered rapidly and perfectly, and was discharged in about five weeks from the day of the operation.

I wish it to be fully understood, that in both cases the incisions on each leg were made at one and the same instant by the two operating surgeons. I mention this, because a case of double amputation was published in your Journal a short time since, in which it does not exactly appear whether both limbs were removed as has been described, or whether they were removed in succession by the same operator.

SINGULAR CASES OF UTERINE INFLAMMATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following cases are reported, not so much because they are considered anomalous by the writer, as for the purpose of eliciting information from the older members of the profession.

Sept. 25th. Was called to see M. H., aged 15 months. Found her discharging moderate quantities of fresh venous blood from the bowels. On inquiry found she had been ill three days; had discharged blood the day before I saw her. Pulse natural; no constitutional disturbance. Supposed it a severe case of dysentery. R. Oleum ricini, ii. f3. to be followed by enema xii. gtt. tinct. opii in mucilage of gum arabic ii. f3.

26. Cathartic operated kindly. Enema quieted the bowels. No bloody stools. Pulse natural. R. Pulv. Dov. i. gr. with 1-2 gr. super acet. plumbi, every 4 hours; sp. nit. dulc. x. gtt. every 6 hours.

27. Had a bad night, with frequent bloody discharges per anum. Pulse natural. No pain, except with the discharges. R., S. M. H. vi. gr., to be repeated every three hours till catharsis, followed by enema tinct. opii xii. gtt. in ii. f3 mucilage of gum arabic. In the mean time the patient was taking gum arabic, slippery elm, and bread water for nourishment.

23. S. M. H. operated with its characteristic appearances. Enema quieted the bowels. No hemorrhage. Pulse natural. R. Tinct. opii gtt. v., tinct. kino gtt. xii., pulv. Dov. gr. i. every 8 hours, alternating.

29. Found the patient in severe paroxysms of pain, discharging blood copiously from rectum and vagina. On examination, found the hymen ruptured, the perineum lacerated two thirds across, and distended during the tenesmus, like that of a woman in labor. Pulse natural, except during tenesmus. Constitutional disturbance not severe. It was impossible to say whether the blood had its origin in the vagina or rectum. R. Enema tinct. opii xii. gtt. followed by super acet. plumbi gr. i., opii 1-6 gr. every 4 hours. Vesication on lower region of the abdomen. Diet as before.

30. No dejection. Good night and day. Could not bear vesication. Pulse natural. Continue treatment.

Oct. 1. Good night and day. Two dejections. No hemorrhage. No appetite. Continue treatment.

2d. Bad night. Hemorrhage from vagina severe. Countenance pallid and sunken. Pulse 100, small and quick. R., S. M. H. gr. viii. followed by enema of super acet. plumbi gr. iv., tinct. opii xii. gtt. in ii. f3 mucilage of gum arabic. Pulv. Dov. gr. i. every 4 hours.

3. Did not retain enema; gave vi. gtt. tinct. opii in its place. Other medicine as directed. S. M. H. operated without pain. Is quiet, but failing. Continue treatment of September 30th.

4. Bad night and day. Frequent discharges of grumous blood, with shreds of a fibrous substance. Pulse as on 2d, but more feeble. Continue treatment.

5. Patient has had frequent discharges of pus, mingled with grumous blood, per vagina, with severe tenesmus and bearing-down pains, as if

the fundus of the uterus was pressing upon the perineum. Perineum lacerated quite across. At this time the stools were passed by both passages. It was evident there was adhesion and ulceration from the rectum into the uterus or vagina. Pulse flagging. R. Brandy and loaf sugar; the mucilages as before. Tinct. opii vi. gtt. every 8 hours. This treatment was continued till the 8th, when the patient expired. She continued to discharge pus, mingled with grumous blood, until her death. Body not examined.

Sept. 6th. H. M., a twin sister of the former patient, was seized discharging fresh blood from the rectum, precisely as in the former case. Being convinced that the structural disease in the former case was located entirely in the lower portion of the rectum and the uterus or vagina, it was determined to combat the local disease as much as possible. This case ran precisely the same course as the other, and terminated in the same way on the 21st. The treatment, up to the 16th, was oleum ricini and S. M. H. for cathartics; vesication upon the lower region of the abdomen, astringent and anodyne injections, with leeches to the anus and vulva. Having in view the good effects of the terebinthinate preparations upon the mucous surfaces, it was determined to try the oleum terebinth., but it was done without success. There having been no good effects from the lead in the former case, it was omitted in this, but the opium was given nearly as before.

16. On consultation it was thought best to try carbon. R. Pulv. charcoal ii. tablespoons, with mucilage of gum arabic, every 24 hours. This was pursued 36 hours, with no good effect. On the contrary the irritation which it produced on the bowels increased the tenesmus and bearing-down efforts of the uterus, and, consequently, the suffering. From the 17th, calomel and opium were freely given until death, with no good effects. In neither case was there any strangury or other trouble in the urine. Large coagula formed in the neck of the uterus, which obstructed the hemorrhage per vagina 24, and at times 48 hours, but when passed, was followed with fresh blood, mingled with portions of a fibrous substance. Perineum lacerated nearly across on the fourth day of the disease.

Post-Mortem Examination, sixteen hours after death.—As there was no indication of disease in the brain, that organ was not examined. The thoracic viscera perfectly healthy, except being uncommonly pallid, probably the result of the loss of blood during disease. The liver in the same situation. Gall-bladder natural; stomach healthy; slight traces of inflammation on the peritoneal coat of the ilium. The mucous and villous coats of the lower part of the rectum considerably inflamed, yet not apparently enough to cause death. The urinary bladder perfectly healthy.

The uterus and vagina highly inflamed and sphacelated. The fundus of the uterus entirely sloughed off, leaving an open communication from this organ into the abdomen. At least 1-3 of this organ had sloughed off, and had probably been carried away with the hemorrhage, giving it the fibrous appearance of which we have spoken. Adhesion and ulceration from the rectum into the vagina. This last lesion account-

ed for the passage of the stools per vagina. The whole of these organs were in a complete state of sphacelation, and were probably fast verging to that point when the perineum was lacerated.

The above cases ran parallel with each other, and terminated alike fatally. Had the first been examined after death, there is no doubt but it would have been found precisely like the last. The hemorrhage commenced from the bowels in both cases, yet the uterus seems to have been the organ primarily diseased. The remedies might have mitigated the disease in the bowels. The patients, as already mentioned, were twin daughters, about 15 months old; were of rather delicate constitutions, and were recovering from severe whooping cough, at the time of the attack. Both had the same symptoms, and lived about the same length of time from the first attack.

Query.—Would astringent or anodyne injections, per vagina, have been useful? Had the whooping cough any agency in producing this disease? Is uterine inflammation frequent in such young children?

Will some of the elder members of the profession answer these queries through the medium of your Journal? Yours, respectfully,

Seekonk, Mass. Nov. 2, 1837.

B. CARPENTER, M.D.

POLYPI IN THE MEATUS AUDITORIUS EXTERNUS.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE lining membrane of the meatus, like the mucous surfaces of other cavities, is not unfrequently the seat of polypous excrescences. Professed works on the diseases of the ear afford, however, very meagre and unsatisfactory accounts of their origin, and the mode of treatment to be pursued for their removal. Polypi are referred, by the best authorities, to the occurrence of irritation or inflammation in the auditory passage or in the chamber of the tympanum, and are often found among the sequelæ of scarlet fever, measles, &c. They consist chiefly of congeries of bloodvessels, loosely connected by cellular membrane, and possess a very low degree of vitality. Patients of a strumous habit, and those who have been exposed to a cold, moist atmosphere, are believed to be more particularly liable to these excrescences, as well as to other diseases of the ear. Recent polypi are of a soft and spongy consistence, of a reddish color, and bleed easily when injured. When first presented for examination, they are always found surrounded and partly concealed from view by a thin, purulent fluid, secreted by the diseased ceruminous glands, and probably by the surface of the excrescence. The above-named glands take on a morbid condition from the constant irritation of the polypus, which acts as a foreign substance, and the increased and vitiated secretion is both a proof and effect of their presence. The discharge is not always thin, but varies in consistence, being sometimes thicker and more like pus, particularly when the disease is of long

standing. It may, likewise, be fœtid and acrimonious.* After a time, the tumor will be found denuded of its cuticle or excoriated, and sometimes ulcerated. In those cases in which a portion of it protrudes beyond the limits of the meatus, and is exposed to the influence of the atmosphere, the extremity, being unprotected by the discharge, becomes somewhat hardened and of a whitish color, similar to the cuticle of external parts.

Polypi of the ear have, in general, a narrow neck or peduncle, while the body of the tumor may nearly fill up the auditory passage, and diminish to a point externally, sometimes projecting 4 or 5 lines beyond the orifice of the meatus. In many cases, however, the origin of the tumor is equal in size or larger than the body, and then the latter assumes a conical form;† in others, there is more than one tumor springing apparently from the same base. Polypous excrescences may grow from the parietes of the auditory passage, or from the surface or the edge of the membrane of the tympanum, but perhaps their most frequent origin is from the lining membrane of the chamber of the tympanum,‡ this cavity being frequently the seat of abscesses and purulent collections, after an attack of scarlet fever. In the latter case, the membrana tympani is uniformly more or less destroyed or perforated, and fluids injected into the ear will often pass into the throat, much to the annoyance of the patient.

As to the progress of polypi, under ordinary circumstances they are of slow growth, and they may exist for many years without impairing the general health. But not so with respect to the sense of hearing, which is always more or less impaired by the mechanical obstruction of the tumor, and most commonly is irretrievably lost by the ulceration of the surrounding parts and the destruction of the membrana tympani, and the consequent loss of the ossicula auditus. Cases, however, have been reported of the recovery of hearing, upon the removal of polypi of many years' standing.§ In these instances no doubt the tumors grew from the parietes of the meatus, and merely presented mechanical obstacles to the passage of vibrations of the air to the membrana tympani, without destroying the internal mechanism of the organ.

Among other causes of polypi, may be mentioned blows and falls upon the head, a spiculum of bone forming a nucleus, the frequent use of an ear-pick, causing irritation, &c.

In the treatment of this disease, as might have been expected, injections into the ear have been much resorted to. These have consisted of solutions of stimulating and escharotic substances, infusion of tobacco, &c. Their removal has also been attempted by repeated applications of caustic in a solid form, by the knife, by ligature, and, finally, by extraction or laceration. In children, and where the polypus is of small size and recent, a cure may usually be effected by the frequent application of a strong solution of sulphate of zinc— $\mathfrak{D}\text{ij}$. to $\mathfrak{Z}\text{i}$. to one ounce of distilled water; or it may be slightly touched with a camel's hair pen-

* Vide Buchanan's Illustrations of Acoustic Surgery.

† Sometimes they have the form, color, and consistence of a strawberry.—Vide Saissy on the Ear.

‡ Vide Stevenson on the Ear.

§ In one instance fourteen, and in another seven years.

cil dipped in the tincture of the muriate of iron, once each day, until its removal is effected, after which the parts may be dressed with weak citrine ointment on soft lint. Extraction of the tumor has the merit of being at once effectual and perfectly safe. It is most easily accomplished with a pair of artery forceps. The patient being placed so that the rays of the sun will fall in a line with the direction of the meatus, and the external ear being slightly elevated and drawn backwards, so as to reduce the curvature of the passage, the forceps are to be firmly applied, as near as possible to the origin of the polypus; then giving the instrument a half turn and withdrawing it at the same time, the tumor is displaced and removed. The hemorrhage that follows the operation is not of serious consequence, and generally ceases spontaneously. In one case, it is stated that nearly five ounces of blood was lost, and the patient was benefited thereby. Usually the quantity is very much less than this. Should any portion of the excrescence remain, or a fungous growth take place, powdered alum may be applied daily; or a mixture of creosote with almond oil, in the proportion of one drop of the former to six of the latter, may be dropped into the meatus once or twice each day. This latter remedy has the farther advantage of restraining any purulent discharge that may continue from the diseased state of the tube.

I subjoin an account of two cases in which polypi were removed by ligature. The first occurred in a young woman 18 years of age, of delicate health and pale complexion. Of her case I have the following notes. Six years previous to her application, she was attacked with slight otorrhœa in the right ear, for which she could assign no cause. During this period, the discharge had never ceased entirely, but a few months since, previous to the formation of an abscess in the meatus, it diminished greatly for a short time. It has varied from time to time in amount, quality, and consistence, being sometimes sanious and bloody, and at others more like true pus. The ear has not been generally painful, except during the formation of the abscess mentioned above. Hearing, in this ear, is nearly or quite extinct, but in the left ear it continues perfect, except when suffering from catarrh, to which she is subject. Upon examination there was found, filling up the meatus, a polypous excrescence of a pale red color, having its surface granulated somewhat like a mulberry, and its body divided into two portions, uniting at the base of the tumor in the chamber of the tympanum. The origin of the tumor was ascertained by means of a small, blunt probe. It possessed but little sensibility, but bled upon the slightest touch, even upon injecting the passage with simple water for the purpose of removing the copious secretion of purulent matter, with which it was enveloped. The lining membrane of the meatus was in a state of high inflammation, with increased sensibility and tenderness. The mother of this patient has been affected with otorrhœa, more or less, since childhood, and her hearing is impaired. The tumor was removed two years ago, with a flexible silver wire ligature introduced by a small eye probe, as near the base as possible. A slight hemorrhage followed the operation, but ceased spontaneously. Otorrhœa continued for a time, though much less than be-

fore. Hearing was not improved. At the end of five or six months, she returned with otorrhœa somewhat troublesome, and with occasional pain referred to the meatus. A fungus, of a granulated appearance and florid color, was now perceptible near the edge of the membrana tympani. Upon touching it with a pencil dipped in a saturated solution of nitrate of silver, it bled freely. Upon the use of creosote injections and the occasional application of a blister, all the unpleasant symptoms subsided.

Two months since, this patient had a slight return of otorrhœa from cold, which induced her to apply, from the apprehension of a recurrence of the polypus. Not the slightest trace, however, of this could be seen, and the otorrhœa was soon checked by the usual remedies.

The second case occurred in the person of C. M., a native of Germany, 28 years of age. In this patient there was a large, firm polypus in the left ear, with destruction of the membrana tympani and entire loss of hearing; and in the right ear, a troublesome otorrhœa with perforation of the tympanum, and the sense of hearing very much impaired. He had otorrhœa in left ear since he was a child, and in consequence of cold and wet, while on his passage to this country two years ago, he experienced a severe attack of pain in head and ear, attended with increased discharge of purulent matter from the meatus. Soon after he perceived a polypous excrescence in the auditory tube, which remained about the same in size up to the time when he applied for advice. There has been a constant fœtid discharge from this ear, occasional hemorrhage, more or less pain, and a buzzing (*bourdonnement*) or roaring noise, which equally affects both ears. The disease in the other ear he attributes to a violent blow on the right side of the head from a stick of wood, when about 16 years of age. This was followed by a discharge of blood mixed with pus, and at the same time a diminution of the power of hearing. The degree of hearing varies, however, at different times; thus when affected with catarrh, hearing is more imperfect; likewise when, from any cause, the discharge from the ear is materially diminished in amount, he does not hear so well as usual. This circumstance has been noticed in other cases where the membrane of the tympanum and the chain of little bones have been destroyed, and it is explained by the supposition that the matter acts in some measure as a substitute for these parts in conveying the vibrations of the atmosphere to the labyrinth, the immediate seat of the sense of hearing. In this ear the parietes of the meatus and the edges of the membrana tympani were much inflamed and thickened—not an uncommon state in chronic affections of the ear attended with purulent discharges. Injections passed from the ear into the throat, and air could be forced through the meatus. The polypus, which was somewhat firmer than usual, was removed by ligature. No bad consequences followed the operation; but the hearing was not at all benefited, when the patient changed his place of residence and was not again seen.

In the case of a child, 6 or 8 months after an attack of scarlet fever, a polypus of the meatus was removed entire, which presented a narrow peduncle, with a broad root or base, by which it was attached within the

chamber of the tympanum. In another case, of a young girl from the country, a polypus existed at the same time in each ear, the result of measles or scarlet fever. This patient retained a slight degree of hearing. Other cases have fallen under my observation, the particulars of which I cannot now recall to mind.

No. 4 Winter Street, Nov. 1837.

EXTRACT FROM DR. INGALLS'S LETTER ON SCARLATINA.

Observations on various Remedies in Scarlatina.—Venesection.—In the treatment of scarlatina, I am decidedly opposed to the detraction of blood by the lancet or leeches. In severe cases it is a very hazardous practice. In the inflammatory stage of the disease, the concomitant fever must be of a very high grade to render it necessary to employ these modes of depletion, and then it should be resorted to with great reserve and at the very onset of the distemper, or not at all. In the whole course of my practice in scarlatina, I have never employed blood-letting, either general or local; and I do not recollect a single instance in which I have had reason to regret the omission. It may be proper to state my practice has been chiefly within the city of Boston. As the situation of a place, and of course, its climate and soil, the customs and manners of the inhabitants, may have great influence in varying the type of acute diseases, a difference in the mode of treatment may not only be proper, but required.

These remarks appertain to cases of great hazard. In those of a milder nature, inappropriate remedies often acquire a supposititious reputation, because the constitution is able to support their operation, and the deteriorating effects of the disease.

Tartras Antimonii.—Soon after I engaged in practice, scarlatina became epidemic. At this period I adopted the anti-phlogistic plan of treatment, commencing with a watery solution of tartrate of antimony, by which the stomach and intestines were evacuated thoroughly; but its tendency to produce hypercatharsis, and thereby exhaust the vital powers, has induced me to abandon its use as an evacuant; but whenever its operation happened to be gentle, its effect was productive of much advantage by promoting the secretions. An emetic of ipecacuanha is to be preferred.

Sub Murias Hydrargyri.—I have employed this article not so much with the expectation of deriving advantage from its specific action, as its being serviceable as a laxative, alterant and promoter of the secretions. But it was soon found, when the sub-muriate of quicksilver was given in a glutinous vehicle, it adhered to the mucous membrane of the fauces for some time; and in this way had considerable efficacy as a topical remedy, in reducing inflammation of the throat; this advantage, however, was more than counterbalanced by the irritation it induced.

Emetico-Cathartica.—Doses of tartrate of antimony and sub-muriate of quicksilver in various proportions have been administered in this dis-

ease, and it has been thought by some with advantage. The symptoms of acute diseases are aggravated by the retention of the contents of the digestive tube, which are liable to become acrid, and consequently a source of irritation; under such circumstances laxatives are indispensable; but drastic cathartics are to be avoided, as they irritate the inner membrane of the alimentary canal, depress the vital powers, and disturb the regular course of the exanthem.

Laxativa.—Infusion of senna sweetened with manna, castor oil, rhubarb and calcined magnesia in sufficient doses to operate, are all the medicines of this description required; and will answer the purpose of keeping the bowels soluble in more severe cases.

Cinchona. Acidum Sulphuricum Dilutum.—During the two first epidemics that prevailed after I began to practice, many of the older practitioners relied on the tonic power of these remedies, probably with the view of counteracting the supposed tendency of this distemper to putrefaction. But at present, so far as the practice of physicians of this city has come under my cognizance, these medicines are disused.

Anthemis Nobilis. Aristolochia Serpentina. Crocus Sativus.—A warm infusion of these articles was formerly much in use; their virtues, however, in scarlatina are not to be depended upon. I mention these articles because at the present time they may be considered as domestic medicines. The people generally believe a warm infusion, particularly of the two latter, is essential in the cure of eruptive diseases.

Sub Tonica.—When strengthening medicine is indicated, I rely on the subtonic power of chalk mixture.

Solutio Supercarbonatis Sodæ. The formula is as follows. R. Supercarbonatis sodæ 3 ii., aquæ 3 viii. M.

To a teaspoonful of this solution add a wine glass of warm water; of this take a wineglassful every three hours; it is not to be drunk at once, but by the teaspoonful at a time every few minutes, and swallowed slowly till the whole be consumed. At the expiration of every three hours the process is to be repeated.

Supercarbonas Potassæ.—A half drachm of this article dissolved in a pint of balm tea, for common drink, is a very good substitute for the dilute solution of the supercarbonate of soda. Mucilaginous and farinaceous drinks are of great advantage in soothing the irritation in the fauces, as well as affording a suitable diet.

Gargarisma.—There is a variety of gargles recommended which appear to be more the result of caprice than judgment.

Those who prefer acids may use the dilute sulphuric acid in sage tea, in the proportion of five drops of the acid to a wineglass of the tea, to be given according to circumstances.

Capsicum Annuum “is a warm, powerful stimulant, promoting digestion, and obviating flatulency. Its abuse, however, produces visceral obstructions and an inflammatory disposition in the system.” “In the West Indies it has been employed both externally and internally in the sore throat.” I have never employed it in scarlatina.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, NOVEMBER 15, 1837.

INTERMITTENT NEURALGIÆ.

DR. McPHAIL, of the army, has communicated to the American Medical Library and Intelligencer, five papers on the diseases that prevail in the south western parts of the United States, under the title of Medical Topography, which show him to be a man of critical observation, a careful practitioner, and a desirable correspondent. Dr. McPhail's observations on the particular subject of intermittent neuralgiæ, constituting the fifth article of the series, is that which has most interested us, and this circumstance has led to the publication of the spirit of it in this place. He represents that *periodical affections, not strictly febrile*, are common in Arkansas. We should judge that they were painfully so from the remark that follows.—“I have treated cases of intermittent frontal, facial, digital and articular neuralgia, cephalalgia, odontalgia, otalgia, gastralgia, hepatalgia and pneumonalgia. This last form of affection has, I believe, not yet been noticed by medical writers.” Dr. McPhail describes this as so much resembling inflammation of the lungs, as to have deceived the physician, who, by adopting a treatment indicated by what was supposed to be the condition of those organs, well nigh brought on fatal results. He goes on to say, that neuralgia, depending upon the influence of malaria, may be easily distinguished from that having its origin in morbid alteration of the brain or nervous centres, the generation of tumors, &c. In cases of *tic douloureux*, depending upon malaria, the paroxysms are generally periodical—passing off speedily. Those, however, depending on organic changes, are characterized by an almost constant pain—remitting, or in fits of long duration. In those instances where the brain, nervous trunks or slender filaments, like the frontal or facial twigs of the fifth pair, or the digital branches of the median or ulnar nerves, have been the seat of the disease, the pain has ordinarily been quick, sharp and shooting. When the liver, spleen, or stomach were attacked, then the pain has been dull, gnawing, or having the sensation of burning. These are nice distinctions, not to be lost sight of by the practitioner, let his residence be where it may. Again, when the organs of reproduction are the seat, then the pains are lancinating. In the supra-orbital nerve, the true character of the affection may be recognized by a contraction of the pupil, in some individuals, and in some which came under this gentleman's eye, a sanguineous suffusion of the conjunctiva, with intolerance of light, and profuse lachrymation, were the accompaniments. If the infra-orbital nerve gives evidence of being affected, it is manifested by muscular twitchings; the same may be said of the sign of neuralgia in the facial threads of the inferior maxillary.

There is a necessity for passing over many paragraphs quite as interesting, evincing the writer's powers of investigation. The treatment is an essential appendage to the foregoing epitome of Dr. McPhail's valuable communication. In those attacks of the small nerves of the

head, face, and jaws, adverted to, if there is no appreciable disturbance of the general economy, in the interim between the attacks, to use his own expression, he gives "two grains of the sulphate, or a quarter of a grain of the arseniate of quinine, in pills, every two hours—with from six to twelve grains of the sulphate or one grain of the arseniate at the period of time next that of the expected paroxysm—always with the effect to prevent a recurrence." By pursuing this course till the terms of two or three paroxysms pass by, a pill of two grains of sulphate or phosphate of quinine or arseniate of quinine and piperine, or six or eight drops of Fowler's solution, twice or thrice a day, finishes the treatment.

In two cases of hystericalgia treated at Fort Jackson, below New Orleans, on the Mississippi river, Dr. McPhail speaks of hysterical mania in its most frightful form, complicated, in one instance, with dysmenorrhœa.

The scheme so fully and perfectly carried out in writing the medical topography of the region in which he is temporarily located, is very honorable to the author, and it moreover redounds to the character of the medical department of the army of the United States, that talent and learning, of so high an order, are to be found in the staff. The appeals which have been unremittingly made to the profession to study the character of diseases where they reside, the causes which produce them, the modes of treatment, and the result on the public health, seem to have been absolutely forgotten. However, we feel no less solicitous on this account, discouraging as it may seem, to persevere, and we shall continue, therefore, to urge upon the consideration of our readers, the claims of the people upon them to be active in the inquiry. How is it possible to obtain pathological facts of topographical value to a succeeding generation of physicians, if the present occupants of the soil contribute nothing towards the object?

Mortality of Medical Men in India.—From 1795 to 1810, the number of medical men at Fort William, was 366. Of this number, 33 retired and 71 died. Now before one of the medical staff can obtain a chief surgeoncy in the Company's service, the probability is that he will have arrived at the age of 50. As only a few can hope to reach that period, in a variable climate, the chance of realizing a comfortable income, even enough to meet absolutely necessary expenses, is small indeed: as a general observation, not a single medical officer is compensated for his labors.

Formidable Tumor of the Neck.—Dr. Mackinnon, of Tirhoot, India, dissected a tumor from the neck of a native, which, when detached from the cheek, jaw and neck, weighed six pounds. Usually the patient had supported it with one hand. It had deep attachments, lying close to the parotid gland and the external carotid. Very little blood seems to have been lost. Dr. Mackinnon's assistant proved too chicken-hearted, so that formidable as the operation proved to be, it was accomplished almost alone. On examination, he called it an adipose sarcoma.

Pepperell Insane Asylum.—Dr. Cutter's private asylum for the reception of lunatics, at Pepperell, Ms. which from having been a long time

in successful operation, has become extensively known, is well sustained. Perhaps there are now a greater number of patients under Dr. Cutter's charge, than have been brought together there for many years. His thorough acquaintance with that particular class of unfortunate beings, and the rural beauties of the place, give it many advantages over similar private establishments at the north. In making reference to this, however, Dr. Gordon's retreat for the insane, in the delightful town of Hingham, should by no means be overlooked.

Scrotal Hypertrophy.—When notice was taken of Dr. Picton's removal of a tumor weighing *fifty-two pounds*, at New Orleans, no one had much confidence in the recovery of the patient. It seems, however, by a communication from that city, that he is actually convalescing—and the physicians entertain an expectation of a speedy restoration to health. Dr. McFarlan's infirmary has become quite distinguished by having this extraordinary operation performed in it. Dr. Picton, who is appreciated in this city, possesses precisely the requisites to constitute an eminent surgeon—a well cultivated mind, a steady hand, and moral excellence of character.

Medical Miscellany.—A catalogue of the Castleton Vermont Academy of Medicine has been received. The school seems to be in as flourishing condition as ever. Professor Armsby being awhile indisposed during the late lecture term, the chair of anatomy was acceptably filled by Dr. March, of Albany, an excellent demonstrator.—Suicides have been uncommonly rife of late in France. The number of females who have destroyed themselves, is truly shocking.—Two hundred dollars have been presented the Boston Dispensary, by a charitable society.—The entire population of several towns on the Danube, near Belgrade, has been swept away by the plague.—After much delay, our regular files of the India Journal of Medical and Physical Science, have arrived. A copy of the India Review is in the editor's care, in exchange for Professor Silliman's Journal, which will be sent to the nearest agent. Two packages, of two volumes each, of surgical works, are also in the editor's keeping, from a foreign country, addressed to the Medical Societies of Philadelphia and New York. If any gentleman connected with these institutions will inform us to whom the books are to be addressed, to reach their respective libraries, they will confer a favor.—The epidemic which has been raging at the river Gambia, Africa, still continues with unabated force: nearly all European settlers have died.—In the month of September last, the number of suicides in Paris, was sixty-six. Forty-four of these killed themselves in their own houses, and twenty-two being found in the river Seine, were supposed to have drowned themselves.—The health of New Orleans was manifestly improving at the last dates.—Dr. Beaumont, now of St. Louis, who has distinguished himself by a work on Digestion, founded on experiments with St. Martin (the man with an external orifice from the stomach), is making arrangements to renew and enlarge these experiments on the same individual.—Cholera has finally shown itself at Rieti, Narni, Terni, and Villerbo, near Rome. At Catania, near Messina, up to Sept. 12th, the number of deaths ranged from 200 to 250 a day. The dead were actually lying by the sides of the streets. A few cases only were developed at Pisa. At Leghorn, it seems to have exhausted itself. In the south of France it is spreading.

TO CORRESPONDENTS.—Dr Fuller's Prize Dissertation on Delirium Tremens, will be commenced shortly. Other favors are received.

Whole number of deaths in Boston, for the week ending Nov. 11, 24. Males, 14—Females, 10.

Consumption, 2—burn, 2—croup, 1—typhus fever, 5—inflammation of the brain, 1—typhus with hæmorrhage, 1—tumor on the lungs, 1—fracture of the spine, 1—marasmus, 1—dropsy, 1—convulsions, 1—apoplexy, 1—hooping cough, 1—measles, 1—stillborn, 1.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity, from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the favorable approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me., JOSEPH BALCH, JR. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn. May 10—6m

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOVER, M.D.

JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

LECTURES ON THE DISEASES OF THE EYE.

DR. JOHN JEFFRIES will deliver a course of Lectures on the Anatomy and Diseases of the Eye, at the Massachusetts Eye and Ear Infirmary, corner of Pitts and Green streets, to commence on the eighth day of November. Apply to DR. JEFFRIES, No. 9 Franklin street, or at the Infirmary, any day, at 11 o'clock, A.M. Nov. 1—ep3t

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	DR. WARE.
On the Principles and Practice of Surgery,	"	DR. OTIS.
On Anatomy,	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel with out any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$10—to be paid in advance. No credit given, except on sufficient security of some person in Boston, not for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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WEDNESDAY, NOVEMBER 22, 1837.

[NO. 16.

CANCER OF THE PENIS.

FROM THE "CLINICA" OF PLACIDO PORTAL.

[Translated for the Boston Medical and Surgical Journal.]

ALTHOUGH cancer may arise spontaneously in the penis, from a cancerous diathesis, as happens in other organs, yet it is frequently the result of some other affection, counterfeited and degenerated through the negligence of the patient, the abuse of coition, or by improper treatment. It requires, therefore, the closest attention of the skilful surgeon to distinguish this from the other diseases which imitate it, especially the syphilitic. It being necessary, however, to proceed promptly to the extirpation of the cancerous tissue, before the absorption of the sanies produces a general infection, we must carefully compare the peculiarities of other ulcers infecting these parts, with those of cancer, which, indeed, does not present forms so ambiguous but that it may be diagnosed with certainty. As long as the disease, either under the form of a hard, fissured swelling, or of an indurated fungous ulcer, remains local, and is limited to the subjacent cellular textures, the extirpation of merely the part affected is always successful; and to proceed imprudently to the complete amputation of the penis, can avail no more than the partial operation, namely, a radical cure. But if the cancer has attacked the fibrous envelope of the corpus cavernosum, even though the substance be clear, the amputation of the entire member becomes indispensable. The malady is sometimes reproduced after this operation. This, however, only happens when it is diffused through the whole system, and has taken the character of a general affection. Such a diffusion, taking place through a cancerous swelling of the inguinal or anal glands, or by the extension of the mischief to the base of the penis, is always a powerful reason with the surgeon against any operation whatever.

In general, the cancerous ulcer of these parts attacks the old rather than the young. In the former, the diminished volume of the organ allows the prepuce to become lengthened, and this part usually wanting cleanliness, readily becomes œdematous and ecchymosed: these ecchymoses, the dripping of the urine slowly discharged, and its acrimonious nature, tend continually to increase, the frenum swelling, and complete phymosis being produced. The urine and the want of cleanliness then acting with a constantly increasing effect upon the glans, or upon the in-

flamed prepuce, give rise to an incurable malady, in the form of cancer, called, properly, carcinomatous ulcer of the penis, and which is curable only by a surgical operation. This frequently happens, also, in those who bear a congenital phymosis; and in some, besides the above-mentioned causes and venereal mischiefs, the greater sensibility of the glans, or of the internal face of the prepuce, more readily gives occasion to cancer.

CASE 1st. Amputation of the Penis.—Antonio Arena, having arrived at the age of puberty, and being naturally inclined and excessively addicted to venery, contracted primary syphilis. Instead, however, of attempting to rid himself of the disease, he nourished it by coition, and had intercourse with infected persons until some ulcers of a phagadenic character made their appearance upon the glans. These resisted every curative means, and the tissues of the penis constantly wasting, it became necessary, as a last resource, to make a partial removal of the glans. Being thus cured of this serious difficulty, Arena recommenced the abuse of coition with more ardor than before, wholly regardless of consequences. By this course he contracted new disease, which taking the same form as before, soon assumed all the characters of a carcinomatous affection. Indeed, when I first saw the patient, the ulcers upon the remaining portion of the glans were so deepened and degenerated, as to offer altogether this character. The man, although by his natural conformation of a strong fibre, yet found himself emaciated and weak; and a slight fever constantly attacked him towards nightfall, with wandering pains over his whole body. These were signs of a general infection, and I hesitated, therefore, at first, as to an operation; but I confided in the idea that, though these ulcers had, by the influence of such causes, degenerated and become carcinomatous, yet it might happen well to change the nature of the locality, while the simple venereal taint predominated in the whole system. I was the more encouraged, as neither the glands of the groin nor of the anus were at all involved. For these reasons I advised the amputation of a large part of the penis, which was executed as follows.

Having arranged the apparatus, and having placed the patient horizontally upon a bed, I committed to an assistant the root of the member, with a suitable portion of skin, and, using a knife with a straight and long blade, I cut with one stroke perpendicularly through the organ three lines below the base of the glans. Having tied the two dorsal arteries, and the two cavernosæ, I introduced a catheter of gum elastic into the bladder, and carried down the ends of the ligatures, and covering the wound with lint, I secured the whole by a suitable bandaging. The patient, after this operation, was submitted to an external mercurial treatment, by which he sensibly improved, became better nourished, the wound healed, and the general morbid phenomena of confirmed lues entirely disappeared.

This individual, however, being possessed, as I have said, by an irrepressible desire for venery, new and inevitable misfortunes awaited him. Caring nothing for the disgrace he incurred, he again gave himself up to the most abandoned debauchery. He soon, therefore, contaminated

himself with new and serious maladies, which after a time dragged him miserably to the grave. Before this took place, however, a partial removal of the penis was practised upon him for the third time.

CASE 2d. A monk, Peter, had a congenital phymosis which in adult age was little or no hindrance to coition. At the age of 55 he began to suffer from a pruriginous herpes upon the glans and prepuce, which at times was so troublesome, by its intense itching, as to prevent sleep. Having for this difficulty employed much counsel, and many remedies internally and locally, he went at last to a surgeon, who made an incision along the prepuce, in order to dilate the aperture. This operation was followed after a time by a strong irritation in the part, and this disappearing, there was discovered a small excrescence upon the right lateral and lower portion of the glans. To get access to this it was necessary to continue farther the first incision, and thus being exposed, it was easily and entirely removed. The wound which resulted from this operation, resisted curative means, began to degenerate, and a year afterwards put on the aspect of a cancerous ulcer. The most diligent treatment was employed internally, and escharotics and tonics locally, but all produced no effect; or rather the latter greatly increasing the inflammatory nature of the malady, rendered it more malignant and extended. At this stage I visited the patient. The cancerous ulcer extended over all the upper surface of the glans and prepuce. Its margin was irregular and indurated, much elevated, and from its pallid and irregular centre a sanious and offensive matter constantly drained. In the right groin there was a gland enlarged to the size of an almond. The patient was somewhat fat, but of a feeble and lax fibre. A continual fever, with a red tongue and burning thirst, complicated the local malady. A strict antiphlogistic treatment, internal and external, quickly calmed this local and general phlogosis, so that after a few days he was in a state to admit of the performance of amputation of the organ. This was executed, in my presence, by the attending surgeon.

Excepting an obstinate hæmorrhage, occasioned by the excessive dilatation of the bloodvessels distributed in the fibrous tissue of the corpora cavernosa, which was soon arrested with the actual cautery and moderate pressure, the operation was complicated with no inconvenience, and the patient gradually improving, in less than a month the wound was entirely healed.

Twelve days after the cicatrization of the wound, a slight inflammation manifested itself in a gland of the groin, the skin covering it became of a pale rose color, and some twinges of pain were experienced. In vain the patient employed local antiphlogistics, the gland increased in volume, and finally opened at the lower part, discharging a small quantity of sanious and foul matter. After some days the aperture enlarged, and became an ulcer of a cancerous nature. In this state the actual cautery being freely applied to the affected part, failed to produce those favorable results which some have recently proclaimed for it. At the separation of the eschar, the lesions caused by the burning iron reduced themselves into ulcers, and a severe inflammation invested the whole groin. The wound became, by the suppuration which ensued, larger

and deeper, was covered by a morbid vegetation, and intersected by large fissures, was very sensitive to the contact of the lint, and wept a very fœtid sanies. A continual and intense fever exhausted the strength of the patient daily, and, tormented by day with constant thirst, and by night with wandering pains, he found no repose. At this critical time, a severe local and general antiphlogistic treatment rendered his situation less painful, and gave hopes for the future. Straited circumstances now compelled the sufferer to seek an asylum in the hospital, where the disease being treated rather in an exciting than soothing manner, displayed its malignant and fatal character. The extending ulcer penetrated, by a gangrenous process, the abdominal cavity ; and the patient, consumed by fever and pain, and suffering lesions in organs so important, was forced to succumb.

MUSIC IN SCHOOLS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As a Bostonian, I have been much interested in the proposed experiment of introducing musical instruction into the public schools, as a liberal measure, promising good results in several ways. But as a member of the profession, I regard it with interest in its hygienic relations to a numerous class of the community, and eventually to all.

The circumstances under which children attending school are, by the necessary regulations, unavoidably placed during school hours, are very remarkable ; and though they have often occupied the attention of the physiologist, are still too much neglected. Here we have children kept for a fourth or fifth part of the twenty-four hours as nearly motionless, so far as their bodies are concerned, as the efforts of the instructors, striving against the impatience of nature and of their inclinations, can make them. There are intermissions of this constraint, indeed, which are arranged as judiciously, without doubt, as the present system will admit. But these occasional outlets for the accumulated energies of the body, though invaluable, are not what we should desire. They are altogether too short to answer the desired end ; and, again, the impetuous and unnatural activity with which the interval is filled up, is as inconsistent with the perfection of the vital processes, as the opposite extreme. The grand desideratum, therefore, if it be necessary to continue the time of confinement at school the same as now, must be something to relieve the dulness and oppressive inactivity of school hours on the one hand, and thereby moderate on the other hand the violence of excitement and exertion during play hours. This desideratum the introduction of singing promises, at least in some small measure, to supply. And the advantages of even a small acquisition in this way, if it become general (and for this I have no fear), will be incalculable. Nor will the gain of healthy exercise and relaxation be so small as we should at first view suppose. Under the circumstances of the schoolroom, the mere change of situation and object of attention is something ; but that the absolute exercise—the consumption of nervous and muscular energy in

even half an hour of disciplinary practice in singing, is very considerable, no one will deny who is acquainted with the modern thorough mode of teaching. Few kinds of exertion call into action *so much muscle at once* as singing; which brings into moderate action (these muscles being designed never to be exhausted, cannot be urged to violent effort) all the principal and auxiliary muscles of respiration. At the same time the viscera both of the thorax and abdomen, are all subjected to a vigorous action in the highest degree salutary and natural. This must be a great relief and aid to the vital functions when embarrassed by the constrained positions of the schoolroom. Again, there seems nothing irrational in the position assumed by the advocates of singing, that it fortifies the lungs, when not already morbidly disposed, against disease; on the contrary, it is highly probable that the noted increase in their capacity, and the temporary vigor conferred by it, may be connected with a permanently improved development, by which fatal diseases shall be resisted.

We must add to these advantages of singing in schools, the peculiar manner in which it exercises and awakens the attention, and the pleasant, yet harmless exhilaration which it must afford, thus acting like a safety valve upon the animal spirits, otherwise waiting to explode in uproar and mischief. The moral effects which must follow in the execution of the proposed plan, from the union of voices in harmony as opposed to discord, well deserves attention; but they cannot probably be fully appreciated till seen and felt. The subject at present might seem to be one of local interest only, but I conceive it to be far otherwise. I confidently look upon the experiment here as a starting point, from which will proceed results that will rapidly become as universal as they will be important in their bearings. And I earnestly hope that the attention of the profession generally will be directed to it as the germ of a more complete system of *general* education, in the future development of which they will be peculiarly called upon to give their aid.

Yours respectfully,

Boston, Nov. 10, 1837.

L. C.

AMERICAN CRANIA.

[At the late meeting of the medical section of the British Association, in Liverpool, Dr. Warren, of this city, made the following remarks, as published from the notes of a stenographer; but they are not, we are informed, exactly reported. Probably a more precise account will be published hereafter.]

Dr. Warren, of Boston, U. S., was called on for his paper on "Some remarks on the crania of the Mound Indians of the interior of North America, as compared with the crania of the South American Indians of Peru." As a stranger, though not exactly a foreigner, he felt it his duty, for the very valuable information he had received at the meetings of that section of the association, to make some contribution towards the facts which the British Association had so sedulously collected. There

were some facts peculiar to that part of the world in which he resided which, of course, could not come within the cognizance of the members of the association, and he would endeavor to state them; whether they would be considered important or not, would be for their consideration. A considerable number of years ago, he accidentally came into possession of a cranium which struck him as an extraordinary one, and on examination he found that it differed from the crania of all the well-known races, and the individual nations composing those races. He was led by this to make some inquiry into its history, and he ascertained that it came from the banks of the Ohio river, far back in America, in what was called the Western Country, and that it was discovered in a cavern on the top of a high and almost inaccessible rock, at the distance of about forty or fifty feet from the banks of the Ohio, by some hunters pursuing an animal, which took refuge in the cave. They there found the skull and the other bones of the body, in a fine state of preservation. The bones were so situated that they might have been there for several ages without decomposition, the calcareous rock which formed the bottom of the cavern, absorbing all moisture. From the inaccessibility of the place in which they were found, it was probable that they had remained there for centuries. It was natural to suppose that this head must have been one of the aboriginal Indians of North America; but, on examination, he ascertained that such was not the fact, its whole structure being different from the Indian crania. He suspected that it might have connection with those races which had been discovered to be deposited in the ancient works or mounds of North America, and he soon obtained heads from that part of the country, and satisfied himself of the fact. He would presently state the particulars in which they differed from other heads. They had frequently heard of the mounds in the interior of North America. They were exceedingly curious, and many of them were found in wilds which had scarcely been trod by the foot of civilized man, and were covered with immense forests. They found elevations of earth which were quite extraordinary, and would be so even in any country. These mounds were covered by immense trees, and the observer was struck at once with the great antiquity which must belong to them. There were different kinds of mounds. There were some which had a great resemblance to fortifications, regularly made and of considerable extent. There was one at Circleville which was more than a mile in circumference, and which was surrounded by a wall or fortification, about thirty feet in height, with regular openings in different parts of it, and these openings guarded by interior works, similar to those in fortifications in the present day. These mounds were generally situated near the confluence of important rivers; there was one at the conflux of the Ohio and Muskingum rivers; they were so situated as to command the passage of the rivers. The mounds were perfectly regular, flat on the summit, and frequently a sort of excavation on the top of the summit. They were partly intended for the purposes of interment, and partly for places of worship; and probably the excavation found on the summit was a place where human sacrifices were made. Some of these works were very similar to the great tem-

ple at Cholula, in South America. These works were of very great extent, extending a length of 1000 miles, from the banks of the great lakes in Canada to the Gulf of Mexico, and filled all the most fruitful parts of North America. The heads he had spoken of as having obtained were taken from one of these circular mounds. The head in question, in common with all the heads taken from these mounds, differed from the Indian and European formation. There was less extension of forehead than in the European head, but it resembled it; the elevation of forehead being equal to the *Caucasian* race. The vertex also was uncommonly elevated. The seat of the organ of veneration seemed to be very much developed, and it was evident that they were a very religious nation, for there was evidence that they made many human sacrifices. The formation of the skull approached to the Peruvian. But the most remarkable fact was the flattening of the *occiput*, which gave the *cranium* a peculiarly rounded form, and some even were quite circular. The *occiput* also was almost always more flattened on the right side than on the left. Another peculiarity in these heads was that the palatine fossa was of a rounded form. The lower we descended in the scale of races, the nearer we approached the animal formation. They knew that in the animal formation the jaws were very elongated, which gave animals greater perfection in taste and smell. There was an approximation to the African race in a small degree in the North American Indian; but as we rose to the Caucasian race the palate was shorter and smaller; so that taste and smell were inferior in the Caucasian races. Animals probably had a power in discriminating noxious smells and herbs, which we had not.

After he had been in possession of these heads for a number of years, he was anxious to generalize his remarks. When he was expecting contributions from the interior part of the country—for the mounds were situated very far from the part where he lived—say a thousand miles—it was difficult also to obtain these bones, as many of them were found in a state of decomposition—he found, one morning, three heads lying on his table. He immediately examined them, and supposed them to be skulls of the Mound Indians. But a few days after, the gentlemen who had furnished them came to Boston, and said to him that these were the heads of Peruvians, and that they were taken from an island near the city of Lima, a place renowned amongst Peruvians, where Mango Copac was said to have descended from the Sun in order to enlighten the Peruvian race. He afterwards showed the skulls to Dr. Spurzheim, and he said they were all precisely of the same race. He perceived that the organ of constructiveness was peculiarly developed in all these heads. Inquiring further into the history of the Peruvian heads, he found three descriptions; one similar to the one he had been describing, having a flattened *occiput*, temples wide, and forehead particularly elevated. But there was another description much more common, which was of an oblong form, and very much resembled an egg in shape. In this, the *occiput*, instead of being compressed and flattened, was very prominent indeed. Then, there was a third kind of Peruvian head, which did not exhibit any marks of compression. The first kind were

all remarkably irregular, and wanting in symmetry. These heads had evidently been artificially flattened on the occipital and frontal part, and were well known to belong to the Inca race of Peruvians, as they were taken from the place where they were buried; and they also had some specimens of the people amongst them. [The lecturer here described that a whole family of the noble race of Inca had been buried with their clothes, and every part of them in a surprising state of preservation, just as they lived before the Spanish conquest. The tomb in which they were found, was circular, like a well, lined with bricks, and near the bottom a flat stone was put down, supported at the sides like a floor, leaving a large cavity underneath. The bodies were then put into the tomb upon this stone, and loose earth thrown over them. The cavity underneath the tomb drained off the water and damp, and thus the bodies were preserved.] Having traced the exact similarity between the Mound skulls and the Peruvian skulls of the Inca race, the conclusion was irresistible, that these two people had a similar origin. Now they were situated at a distance of 1000 or 1500 miles from each other, and the heads of the intervening nations were entirely different from the one or the other. At first this appeared to him very extraordinary. And here he might remark on the great importance of investigations by anatomists to point out the history of those nations which tradition did not hand down. There was a race between these two races, and they had heads almost as flat as a pancake. [A Peruvian head was here exhibited, which had been subjected to artificial compression, and which was nearly square, being perfectly flat behind, and nearly so on the forehead.] He must say, for the benefit of phrenology, that so far from the intellects of these flat-headed persons being inferior, the Indians who possessed them were quite equal in intelligence to others of the same nation. He had the head of a celebrated chief, who had a most extraordinarily flattened forehead, and he was known to have remarkable talent. In fact, no person was thought of any consequence in that country, unless he possessed a flat head.—[A laugh.] They then legitimately inferred, that these two nations were closely allied to each other—that was, the nations who had inhabited the mounds, and the Peruvians, because there was no resemblance between the heads of these nations, and any other heads that were known. He might conclude, with just intimating that there had been observed to be a resemblance between these two sets of heads, and the heads of the Hindoo race; the same rounded form, and similar smoothness in the bones of the head and face. The conclusion drawn was that the race of the Mound Indians was entirely dissimilar to the North American Indians; and second, that they were entirely similar to the Peruvian race, which would lead to the inference that these two were one race. The American Indians, he thought, had emanated from two different sources, one from the south part of America, and the other from the North West Coast.

Dr. Warren sat down amidst very loud and continued applause.

Dr. Roget here vacated the chair to Dr. Carson.

Dr. Logan would ask Dr. Warren if he considered the Peruvian and Mound skulls belonged to the same period of time?

Dr. Warren had no doubt that the skulls taken from the Mounds had much greater antiquity.

Dr. Logan.—They possess much more elevated frontal bones than the Peruvians, and he should therefore infer that they had a later source.

Dr. Warren said, the skulls were precisely alike in form.

Dr. Holland wished to ask whether the pressure made on the heads of the flat-headed Indians was entirely lateral?

Dr. Warren said, the pressure on the frontal bone was horizontal.

Dr. Logan would conceive that the forehead would be flattened by the same process as the occiput. If two pieces of wood were tied before and behind, the same pressure must flatten both.

Dr. Warren said that was a fair inference, but such was not the fact. He did not know how they managed the pressure.

Mr. Cull asked if there was any proof of pressure?

Dr. Warren said they had no facts or traditions from the Mound Indians, but it must be evident to any anatomist, that these heads must be artificially compressed, as there was nothing in nature like these irregular compressed heads. He had seen heads of South Sea Islanders, which exhibited a great degree of compression, but not of flattening.

Mr. Cull said it was stated, that the Caribs had their heads flattened by boards; but these had never been seen worn.

Professor Evanson begged pardon; such had been seen by travellers.

On the motion of Dr. M'Intosh, a vote of thanks was then unanimously passed, amidst loud applause, to Dr. Warren, for his very valuable communication.

A CASE OF STRABISMUS, WITH DOUBLE VISION AND AMAUROSIS.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

CASES of Strabismus, from their frequency and the deformity they occasion, are often presented for medical advice and treatment. In nearly every instance, a careful examination will show in the strabismic eye, a deficiency in the power of vision, more or less complete. In all cases the practitioner should ascertain, if possible, the cause and origin of the strabismus, and regulate the treatment accordingly. In the following case, the disease was recent and readily yielded to treatment.

Samuel Gass, house servant, thirty years of age, after a day of more than usual fatigue, was exposed, while sleeping, to a current of cold air upon the head and face. Upon rising in the morning, he noticed that the sight of the right eye was impaired, and that the dimness of sight was accompanied with double vision.

June 24th. All objects viewed with the right eye, appear to the patient as if seen through a mist or smoke, and upon turning his eyes either to the right or left, he has double vision, but when looking straight forward with both eyes, or with either separately, objects appear single. Vision of the left eye is unimpaired. Upon examination, it was appa-

rent that the antero-posterior axis of each eye was parallel when looking forward, but upon turning the eyes strongly to the right, the right eye was unable to concur in the motions of the other; for while the left eye turned towards the inner canthus of that side, the right eye was directed nearly forward—hence double vision, from want of correspondence in the action of the muscles of the eye-ball. To the same cause should be attributed the strabismus, which it may be observed was partial in degree, and was merely one of a train of morbid actions, symptomatic of disease of the eye-ball or appendages.

Upon inquiry, the patient denied having received any blow or other mechanical injury that could have produced any disease of the eye. General health, good. He was directed to take an active cathartic, and to have five or six leeches applied to the right temple daily. Entire rest for the eyes.

June 28th. Complains of considerable pain in the eye, chiefly in the morning and towards evening; the right eye-ball feels full and somewhat firmer than the left; there is likewise tenderness on pressure. The strabismus remains the same; the iris is moderately active, and the pupil natural in form and size. Apply leeches more freely, and take four grains of blue pill every night.

July 1. Eye feels less painful, and the strabismus has diminished; vision remains dim. Continue the blue pill, and have leeches applied *pro re nata*.

10. Since free bleeding by leeches, he has had no pain, and the eye seems to be gradually regaining its natural motions. Leeches to be applied if pain returns. Omit the blue pill.

20. Vision of the affected eye has become much clearer. Has applied leeches once or twice.

August 1. Vision is perfectly restored; a slight difficulty in turning the eye towards the inner canthus remains, but will undoubtedly wear off, as the muscles of the eye recover their full power.

No. 4 Winter Street, Nov. 1837.

AMPUTATIONS—NO SYSTEM IN AMERICA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed in a late number of your Journal some well-timed suggestions upon the subject of amputation, urging the necessity of settling the question with regard to the best method of performing that operation. Those suggestions would apply, with nearly equal force, to the operations for the radical cure of hydrocele.

The methods of performing the operation of amputation are almost as numerous as the operators themselves. The well-known fact that the operation will generally succeed when performed in any one of a great variety of ways, has induced surgeons to vary, from time to time, their mode of operating, and even to exercise their ingenuity in making improvements of their own. The preference is too apt to be given to

that method which leaves the parts in a state to heal in the shortest time, without duly appreciating the difference between a stump well cushioned with muscular substance, and one where the end of the bone is merely covered with skin. With the present facilities for acquiring a surgical education, a young man, when he enters the profession, feels himself competent to perform so plain an operation as amputation. An opportunity will at length present itself; he then begins to review his authorities; there he finds, in his best books, such a strange diversity of opinions on the subject, that he is constrained, after all, to make his own selection with regard to the method of operating. This is not only a source of embarrassment to him, but he is liable to combine in his operation the objectionable parts of two or more different systems. That some one method, other things being equal, is preferable to any other, there can be no doubt; and as surgeons are rapidly multiplying, it becomes the more necessary that this question should be permanently settled. An expert operator may occasionally deviate from established rules; he may bestride his hobby and amble away, as fancy may dictate, and this, too, with comparative safety, for, bolt or plunge, the rider generally comes upon his feet. But let the new beginner presume to mount the same hobby, he will be liable to turn a summerset when he least expects it. It is important for him, not only that every step of his operation should be clearly defined, but that a uniform method should be established on such high authority, as to leave as few things as possible to the discretion of the operator.

In the remarks referred to in the *Journal*, allusion is made to amputation at the joints. This circumstance brought to my recollection a case in which I was concerned several years ago. I was called to amputate both the great toes of a young lady in Pembroke, New Hampshire. The operation had been determined upon before I saw her, by men competent to decide the question. It was desirable, on account of distance, to remove both toes at the same time; but being aware that the operation would be attended with pretty severe pain, and not having entire confidence in the fortitude of the patient, I made the first incision on one toe, and left the operation unfinished till after the other toe had been removed. This was done that both operations might be completed at one sitting. This case presented a fair opportunity of testing the comparative advantages of operating at the articulation, or dividing the bone with the saw. I accordingly separated one toe at the joint above the nail; the other, at the centre of the phalanx above. I was unable to cover the ends of the bones as perfectly as I could have wished, but in this respect the two were very much alike. I then left the patient, and never saw her afterwards; but requested the attending physician, who was a very intelligent practitioner, to carefully note the progress of the two cases, and give me the result, which he afterwards did in writing. He informed me that the one separated at the joint healed sooner than the other; that it was attended with much less pain; that healthy granulations soon covered the surface of the cartilage, and that the cure progressed without interruption or trouble.

I have been thus minute in giving the details of this case, not that it

was in itself of much importance, but because it afforded an opportunity, which could very rarely occur, of trying both methods of operating on the same subject, on corresponding parts, and at the same time; and subsequent experience has induced me to prefer separating the small bones of the feet and hands at the articulation, rather than by the application of the saw, whenever circumstances would allow me to make my selection.

X. X.

Billerica, Nov., 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 22, 1837.

MARINE HOSPITAL, CHELSEA.

LAST week there were seventy patients in ward, among which were four cases of scurvy, well marked; three of enlargement of the spleen; and one of perceptible abscess of the liver. These are all comparatively rare diseases at the north, and we hope, therefore, that the physicians of the city found time to visit the institution. Every student at the college should avail himself of the opportunity of examining the Chelsea Hospital, in which there is always a rare exhibition of the maladies of all countries with which the port of Boston holds a maritime intercourse. Dr. Stedman, the surgeon, has invariably expressed a perfect willingness to oblige those who manifest a desire to profit by what he has it in his power to show them.

Electro-Magnetic Power.—Mr. Davenport, now, we believe, in New York, and Dr. Page, of Salem, have both been anticipated in what are here considered discoveries, viz., the propulsion of machinery by electro-magnetic influences. Dr. O'Shaughnessy, of Calcutta, exhibited at a scientific meeting, on the 3d of January last, a working model of his machine, which appears to have been altogether superior to the models shown by the above-named gentlemen, at the late fair in Boston. A plan, together with engravings, illustrating the construction of Dr. O'Shaughnessy's surprising invention, may be seen in the tenth number of the *India Review*, conducted by Dr. Corbyn, page 460.

Dr. Rankin, Officiating Secretary of the Medical Board of Calcutta, has also made what is considered an important discovery—a method by which steamboats may give notice, *themselves*, when shoals or any other obstructions are in the way of the boat. An account of this may be found in the same work.

Boston Eye Infirmary.—We notice a sign in Winter street, pointing to this new establishment. It is not intended, we understand, to be a rival to the Massachusetts Charitable Eye and Ear Infirmary, but is intended for a private institution—there being business for both, without at all interfering with each other. It was projected by Dr. Edward J. Daven-

port, formerly attached to the other, but now in private practice. He is a worthy man, and a judicious medical adviser. Desiring, above all things, a multiplication of the means of contributing to the relief of the blind, no one at all interested in the progress of medical philanthropy could object to the creation of as many eye infirmaries as the community demand.

Preservation of Animal Bodies.—About a year and a half ago, Lieut. Col. Bagnold presented, at a meeting of the Asiatic Society, a piece of beef and a human hand, preserved in vegetable tar, brought from the vicinity of Mochia, on the borders of the Red Sea. The article is manufactured in most parts of Syria and Arabia Felix, by subjecting a small tree, growing there, to a considerable degree of heat. The Arabs call it *katraan*. In conversation with some Bedouin Arabs, Col. Bagnold was led to suspect that this was the identical substance used in Egypt for embalming, having, perhaps, camphor, &c. combined with it. When the thermometer ranged at 94 degrees, in the month of July, he made experiments with fowls and legs of mutton, which were highly satisfactory, and all tended to convince him of the antiseptic properties of the tar.

On a careful inspection of several Peruvian bodies recently brought to this city, by Mr. Blake, who opened an ancient stone vault, from which they were taken, all being in a sitting posture, we are satisfied that they are actually mummies. The odor of tar is strikingly perceptible, and the bones seem to be saturated with a black, adhesive fluid. With these facts before us, of the property of tar in Syria, and its presumable use in embalming in South America, perhaps a thousand years before the Indians or Tartars reached this part of the continent from the north, we ask our professional brethren to commence a series of experiments with the common tar of the country, with a view to ascertaining its antiseptic and preservative powers.

Mortality of Military Men in the Bengal Army.—In the last twenty years, there have died one thousand one hundred and eighty-four officers of the Bengal Army, or 59.2 per annum, out of an average number of 1897 persons, or about 31.2 per cent. The mean ages of the deceased were as follows—viz., 31 colonels, whose mean age was 61 years; 97 lieut. colonels, at 51; 78 majors, at 40; 277 captains, at 36; and 651 subalterns—the mean age not ascertained, but ranged from 18 to 33. The extreme age of the oldest pilot acting under orders of the Marine Board, has been only 47 years, the mean age of all who have died in the government service, being 44. The oldest pilot on the list served only 30 years.

Effects of Ardent Spirits on Infusoria.—At one of the scientific parties given at Lord Auckland's, at the government house, Calcutta, which are exceedingly popular, in January last, Mr. Prinsep and Dr. Weiser exhibited the astonishing powers of the ox-hydrogen microscope. Amongst other exhibitions with that instrument, living infusoria were seen in common drinking water, contending with, and destroying each other with marvellous activity. A little brandy was introduced, upon which they immediately fell to the bottom, unable to resist its potency.

Medical Prize Fund in India.—A native gentleman, apparently a man of great wealth, judging from his various acts of liberality, whose name is Dwarkanauth Tajore, presented in March, 1836, to the Medical College established at Calcutta, the annual sum of 2000 rupees, for three successive years, to be distributed in the form of prizes to native students of medicine. Another native has offered the prize of 1000 rupees to any medical gentleman who shall succeed in extracting stone from the bladder without pain and cutting. The editor of the India Medical Journal remarks that this is encouragement to the profession to improve in the present mode of lithotomy, and to study animal magnetism.

A Case of Suicide is related by Dr. Isaac Parrish, in the November number of the American Journal of the Medical Sciences, which is remarkable as having been committed by a girl in her fifteenth year, apparently from no other cause than having recently read of several instances of suicide, and having been in the same house where the crime was committed a few months previous. It was proved that the patient bought half an ounce of arsenic at an apothecary's shop in the neighborhood, two days previous to her death, and nearly that amount of it was found in the stomach after death. It was also proved that she mentioned, in the morning, having read an account of suicide by the same means. This case tends to confirm what has long been thought true—that the great publicity which is given, through the medium of the newspapers, to nearly every case of suicide that occurs, is productive of incalculable mischief, and ought not, therefore, to be continued.

Treatment of Paralysis.—M. Jobert, of the Hopital St. Louis, Paris, has lately revived the treatment of paralysis by the actual cautery. Several striking cases are published, showing his success with this mode of treatment. In a case of complete paralysis of the arm, the red hot iron was gently drawn from the superior boundary of the disease, down along the inner side of the deltoid muscle as far as its insertion, and then along the external margin of the same muscle, uniting the two lines by two or three transverse sections. The surface was afterwards dressed with linen steeped in oil, as a protection from friction of the clothes. The cautery was not allowed to penetrate deeper than the surface, the object being merely to produce a shock on the nerves of the extremity. In this case the remedy was applied five several times, and the patient was discharged, cured, on the twenty-sixth day after admission.

A new mode of vesication, as a remedy in the same complaint, has been practised in the French provincial hospitals. The blister is raised, on the extremity affected, in the following manner. A piece of brown paper, of the size and shape of the desired blister, is moistened with water and placed on the affected limb. A common smoothing iron, previously well heated, is then applied over the moistened paper, which produces a vesicated surface almost instantaneously, by means of the steam generated by the contact of the hot iron and wet paper. This method is said to be less painful, and is certainly more expeditious, than that commonly adopted.

Aconite in Headache.—Mr. Radley, of Dover, in England, has been very successful in the use of the monks-hood (*aconitum napellus*) in

cephalalgia. The form in which he has used it is the simple extract made from the inspissated juice expressed from the bruised leaves of fresh gathered plants, in the latter end of May, just before the time of flowering, poured into shallow vessels of earthen ware, and allowed to evaporate slowly in the shade in warm weather. The following was his prescription in one case. R. Ext. acon. ℥ij. ; powdered liquorice sufficient to make 20 pills. One or two to be taken at night. The cases of headache in which he mostly uses it are those of idiopathic cephalalgia, true nervous headache, not dependent on other causes. Mr. R. justly urges upon medical men greater attention to the *indigeni* of their neighborhood and country—a long-neglected department of the healing art, which ought to resume its natural and important place in the pursuits of medical men. “When the qualities of vegetable substances are known, true it is that chemistry modifies them, and, in some cases, arms them with increased powers of assuaging suffering ; but still, to obtain the basis of our knowledge, we must rely on botanical research.”

Medical Miscellany.—Dr. D. C. Perry has opened rooms at Woodstock, Vt., for the study of surgical, pathological and recent anatomy.—The Western Medical Reformer would have more success in the great work it proposes in medical reformation, if its pages were enlivened by more practical matter, and of a better quality, than usually appears there ; and besides, the articles are insufferably long. All this is said in kindness, though we feel no sort of interest in the extension of the doctrines it inculcates.—Dr. Charles G. Putnam has been appointed Attending Physician of the Lying-in Hospital.—Dr. Francis Moran, of Newton, N. J., recently extracted a cent from the throat of a man, after it had been transfixed six days in the lower part of the pharynx.—Washing the hands in a solution of alum prevents any bad effect upon the health of dissectors, it seeming to neutralize the poison of anatomical subjects, which is sometimes fatal, when a small quantity of matter is absorbed by the wound of a cut finger. This discovery goes to the credit of Dr. Macartney.—There are just one hundred and twelve practitioners of medicine in Boston, belonging to the Medical Association ; besides which, the irregular pretenders to physic and surgery border upon a legion.—A public advertisement, dated at the beautiful town of Brighton, a few miles from Boston, says—“Physician wanted, who will devote his time to the duties of his calling, instead of employing it in officious interference with the avocations of the citizens.”—Seventy-five students are in attendance at the Berkshire Medical College.—The India Journal of Medical and Physical Science, published in Calcutta, and edited by F. Corbyn, Esq., contains many articles from our Journal of last year. Among them we notice Dr. L. V. Bell’s Cases in Pathological Anatomy, Dr. Gillespie’s Case of Fracture of the Maxillary Bone, the Review of Louis on Bloodletting, Dr. Hall’s Treatment of Inflammation of the Lungs, Dr. West’s Case of Animal Magnetism (under the head of important discovery), beside editorial remarks.—The Thomsonians are holding a convention in Providence, R. I., consisting of delegates from most of the New England States and New York. Thomson, the founder of the system, is also present.

DIED,—At Monroe, La., Dr. James W. Mason, formerly of Cambridge.—In London, Dr. Uwins, an aged and respectable practitioner, though for the last few years of his life he has been a disciple of Hahnemann.

Whole number of deaths in Boston, for the week ending Nov. 18, 40. Males, 16—Females, 24.

Consumption, 7—Intemperance, 1—drowned, 1—inflammation of the brain, 1—palsy,—apoplexy, 1—croup, 2—marasmus, 1—inflammation of the intestine, 1—old age, 3—dropsy on the brain, 1—typhus fever, 3—convulsions, 2—cachexia, 1—cholera infantum, 1—dropsy, 4—inflammation of the bowels, 1—measles, 1—scarlatina, 1—hemorrhage, uterine, 1—sudden, 1—stillborn, 4.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 19th of February, 1838. Anatomy and Surgery, by JOSEPH ROBY, M.D., late Demonstrator of Anatomy in the Medical School of Harvard University.

Theory and Practice of Physic, Obstetrics and Medical Jurisprudence, by JAMES M'KEEN, M.D. Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person, becoming a member of this institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50. The lectures continue three months.

Degrees are conferred at the close of the lecture term in May, and at the following Commencement of the College in September.

Professor M'KEEN, who has been absent during the last year, visiting the hospitals of Great Britain and France, will return to this country before the commencement of the lectures.

P. CLEAVELAND, Secretary.

Brunswick, Oct. 1837.

Nov. 8—eopft

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

LECTURES ON THE DISEASES OF THE EYE.

DR. JOHN JEFFRIES will deliver a course of Lectures on the Anatomy and Diseases of the Eye, at the Massachusetts Eye and Ear Infirmary, corner of Pitts and Green streets, to commence on the eighth day of November. Apply to DR. JEFFRIES, No. 9 Franklin street, or at the Infirmary, any day, at 11 o'clock, A.M.

Nov. 1—ep3t

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by DR. CHANNING.

On Physiology, Pathology, Therapeutics, and Materia Medica, " DR. WARE.

On the Principles and Practice of Surgery, " DR. OTIS.

On Anatomy, " DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel with out any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—tf

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
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VOL. XVII.]

WEDNESDAY, NOVEMBER 29, 1837.

[NO. 17.]

FUNCTIONS OF THE BRAIN.

PROFESSOR EVANSON being called upon, at the late meeting of the British Association in Liverpool, for his paper on "A critical analysis of the different methods adopted for determining the functions of the brain," said he meant to confine himself very strictly to what the title of his paper announced. He felt the necessity of being as brief as possible at that late period of the section. The subject he had undertaken was one of considerable extent, and he should endeavor to curtail that extent by confining himself to particulars. He should avail himself of extemporaneous speaking, in order to increased facility and rapidity in communicating his views. He need say nothing upon the difficulty of the subject; its mere announcement would speak for that—to pass in critical review each of the methods which had been at different times adopted by physiologists in endeavoring to solve the problem, "What is the use of the brain?" and to compare each of these methods, as he proposed to do, according to two standards—first its applicability to the object proposed, and next the final test of whether it was partially or equally successful; so that he need not say that he had a task of some difficulty and importance, and that the subject required to be a little dilated upon. The brain was a very large and a very important organ of the body. The question was, did they really at this time of day know its functions? He believed, at least, that it would be agreed upon that they did not agree on its functions. He could hardly have brought forward a more important proposition for the consideration of the section than an analysis of the functions of this organ and the methods by which it had been attempted to ascertain its functions. The particular object, then, that he wished to bring before the section, was the analysis of a few of these methods; and he need not say anything to impress on all present the importance of the inquiry in order that they should get into the right road. For Lord Bacon had said that a cripple in the right road would beat a racer in the wrong. (Hear.) The proposition was, "What are the uses of the brain?" There was this important viscus in the body—what were its uses, or was it of no use whatever? This question had naturally attracted the attention of the most distinguished physiologists. One of the first methods was to anatomise the brain. They said, "We will dissect it, and find out its uses thereby." But this was soon found to be ineffectual. Mere anatomy would not reveal its use, or that of any organ. The mere examination of a structure will

not show the functions of which that structure is capable. (Hear.) If they wanted any proof of this they might instance the brain. It was dissected and demonstrated every day, and many hard names which served to puzzle the student were learned, but all this showed little light as to its functions. The mere anatomy of the brain was insufficient. "Oh but," said some physiologists, "we have found out a method by which the question can be determined; we will not rest satisfied by dissecting it in the dead subject, but we will dissect it in the living." This was one step in the advance of inquiry. They certainly, when they proposed to cut up a section of the brain and compare its results with others, had made an advance; they came to an attempt to ascertain how far the exercise of function was connected with the integrity of particular parts. But they came now to inquire, was this measure adequate to the object proposed, and had it been attended with success? That method was unable to solve the proposition it pretended to. To cut out the parts of the brain and then determine its functions, implied that they knew what part to cut out. It implied also that they knew how to take neither more nor less than the function, lest they should commit an injury on surrounding parts. They were as badly off as Shylock, when he had to take a pound of flesh, but to take neither more nor less. Had it been satisfactory? Certainly not. The same investigators had differed from themselves at different times as to the results. The principal result had been a conviction that certain emotions appertain to certain parts of the brain; it appearing to be ascertained on investigation that an abstraction of particular parts of the brain—of the cerebellum, was attended with disturbance of peculiar emotions. Injury to the crura cerebelli was said to be attended with certain rotatory motions. It appeared strange enough, that making wounds in the ears of birds was attended with disturbed rotatory motions. It was therefore as legitimate a conclusion, that a particular part of the brain had the function of motion, as that the canal of the ears of birds had a similar function. This was an *argumentum absurdum* sufficient, without going any farther. But so far as this had gone in the hands of another investigator, Boileau, he seemed to have established this fact, that the removal of the anterior lobes of the brain was always followed by a loss of perception. This seemed to be so universal as to give a general assent. And so far as this rude examination went, this method had proved the use of the anterior lobes. There were some facts stated with respect to injury of the human brain, which were very puzzling, but they were puzzling to all classes of philosophers. It would appear from some of them that man was different from animals; that he could afford to lose a part of his brain and not miss it—that brain was of more necessity to a rabbit than to a man. (A laugh.) This might be a consolation. Another class of inquirers then came forward and said, "we have now the best method; we will not depend on merely dissecting the brain in the dead, nor in cutting it up in living subjects; we see the disadvantage in that, as the investigation could never be applied to man." "We," said the pathologists, "will wait till nature, or rather disease, does for us what the dissecting anatomist does for himself; we will wait till particular

parts of the brain are affected ; we will see the cause of disturbance, and infer therefrom." No one could feel more than he did the great assistance that had been derived from pathological observations of the brain ; but he was not one of those who thought pathology was a sort of Alexandrian sword, with which they were to cut every gordian knot. He would read to them some of the results which had followed these observations. Looking at the effect of diseases of the brain, they would find that investigation had proceeded a very small way indeed. So far as these investigations had gone, it had been agreed on by investigators that the loss of the power of utterance seemed to depend on the loss of the anterior lobes of the cerebrum. Little light has been thrown on the subject. He would suggest to different investigators, that they qualify themselves to do more than they had done. (Hear.) A great number of pathological cases were brought forward to prove by individual cases the power of connecting signs with sense, when disease existed in that part of the brain which was demonstrated the organ of language. He would take the liberty to inculcate on the junior part of his audience, the necessity of their making inquiry for themselves. A gentleman became possessed of a case, and he wrote an account of it, either for or against phrenology, without having a full knowledge of the subject. The pathological method for determining the functions of the brain, was really not fully sufficient, and he passed from it. A wholly different investigation was now taken up. It was said, "we will take the brain as it is, in its natural living state, and institute an investigation, and compare it, and make out why it was that a man was the most intelligent animal in the world." Oh, it was because he has the largest brain in the world ; no animal has so large a brain." Now, there were larger brains in the world ; therefore that theory was overturned. Then it was, "he has not the largest brain, but he has the largest brain compared with the size of his body." That was not the fact. The wren and the sparrow had larger brains compared to the size of their bodies. Then it was, "he has a larger brain in comparison with his spinal marrow than any animal." He had not the largest brain in comparison to his spinal marrow, so there was an end of that statement. It was remarkable that great names were attached to each of these theories, whilst the statements of others, deserving respect, had not been so well and properly treated. One said, "I will compare the brain to the face, and then I will make it out. The reason that man is the head of the creation in his intellectual powers, is, that man has the greatest brain in comparison to his face." This was not correct. Campier's facial line was next introduced. Accordingly, as the angle, showing the comparative prominence of the forehead with the jaws, used in his plan, was greater or less, the intellect was to be greater or less. This appeared quite successful at first. Now, it appeared so from an accidental circumstance. It was accidentally right, as it happened to take in the anterior part of the brain, which was the part of intellect. But when investigated it was not true in principle nor in fact ; for in the young child you have a larger *anterior* brain than in man. And again, according to their method, the most intelligent negro must be more deficient than the most

stupid European, the angle being altered as the jaws or face protruded. All these methods failed in being reasonable methods of inquiry ; and he had shown that they failed, in being irreconcilable with matters of fact. They took the whole brain to be a single organ, which it was not ; and the measure of the brain to be the measure of the intellect, which it was not. A man's brain was fixed. What mattered it whether another part of his body grew small or great ; that would not alter his intellect. If they changed the shape of the bones of his face, that would not alter his intellect. Yet, according to these methods, the alteration of any one of them would alter the man's intellectual powers. These methods would seem not to be adequate in this investigation : they have been tried and found wanting. Another investigator now appeared in the field ; a man possessed of the power of original thought—of the power of observing nature with the greatest accuracy—and he particularly mentioned this, because he was represented in an opposite light—as a physiologist coming out with so perfect a theory that its very perfection was an argument against it—Dr. Gall (loud applause), proceeded to investigate the brain and put his facts together ; and he put down nothing but what he believed to be a fact ; and to this day Dr. Gall's own system was infinitely behind hand with all others as to fact. He had given in his adhesion to the power of the organs being determined, more than any other person, showing the slowness with which he gave in his verdict to what was not fully settled. He looked on the brain as a plurality of organs ; and his method was not to compare it with anything else, or any other brain, but to compare one part of it with another. This had been ridiculed ; but what there was ridiculous in it, he could not discover. The result of his observations was, to come to the conclusion that, where the anterior part of the brain predominated, the intellect held sway ; where the superior part predominated, the moral powers were more exalted ; and where the posterior and inferior, the animal propensities. If they came to look into this rationally, what more rational than this, that the brain, the organ of the mind, and the organ of the feelings, as one part of it predominated, so in that the function predominated. If the anterior lobes preponderated and it be supposed to be the part of intellect, so would the intellectual part preponderate. They might be here met by an opinion which was very generally adopted, that the feelings and sentiments did not belong to the brain. They all knew that the sympathetic affections between the brain and other parts of the body were very remarkable ; and that certain feelings or passions were accompanied with sensations in different parts of the body, from which it had been inferred that the passion lived in the place where it was felt—as, for instance, some of the finer feelings in the heart, and some of the less amiable in the liver. The same reason, if this were well founded, should make them place grief in the *lachrymal glands*, because they shed tears. Or, if the feeling of fear produced the result which a friend of his, who had been in the army, said it did—that he could generally tell from his nose where the young recruits lay in the line of battle in the morning—they should place it in the excrement. (Loud laughter.) Such an idea was an absurd one. The

system that Gall had pursued in his investigations, he had endeavored to show was a rational system. He did not fall into the error of calling the brain a single organ, or comparing it with other brains with which it had nothing to do; but he compared one part of the same brain with other parts, and by observing the difference in the shapes of heads and the difference in individuals, he was able to come to a conclusion. Many objected that size was a measure of power. Phrenologists did not say that mere size was a criterion of power. If they came to compare the heads of different individuals, they would find that such was not the case. His system was equally tested by comparison with the same head, and with the same part of another. Now the only question respecting this science was, was it true, or was it not? As to the question that injurious result arose from such opinions, he thought it was not worthy of physiological investigation. It was a great oversight not to recollect that the works of nature were the works of the Creator; and that every fact ascertained in nature was really but a line written by the Lord in his own book. (Hear.) To determine, then, whether these facts be true or not, there were two orders of testimony—the testimony of others and of ourselves. The testimony of others, of scientific authors, was long against this science; but so far from that being the case now, it was extraordinary the number of scientific men that had given in to these opinions—of men who had attained a certain age, and yet received a new science. He would say, if one distinguished man, and that man before an opponent, came round to an adhesion to the theory, it overcame the opposition of one hundred other men who had not investigated it, and knew nothing about it, and would know nothing about it. He would appeal to the junior part of the audience, to think and examine for themselves. When they came to think of and examine into this science, he would venture to say, they would find in it some of the most physiological truths of any which had yet been presented to their notice. But they must go to the trouble of studying and inquiring into the subject. He should conclude, by a reference simply to the character of the opposition which had been offered to phrenology, and the character of the actual evidence in its favor. A man undertook to speak or write against phrenology; put a scull into that man's hand, and ask him to point out the phrenological characters and name them; ask an opponent to do this, and they would not find a single opponent who could point out six organs in the head. He undertook to decide that a thing was wrong, without knowing what it was that was wrong. (Hear.) When a gentleman gave him proof that he really knew the subject, he should listen to him with great deference, but not otherwise. Again, on the nature of the evidence, and he would conclude. Cases were recorded against this science of individual failure by persons of incompetent skill to decide. He contended that the affirmative evidence outweighed, one thousand times, the evidence of their opponents.

Dr. Simms considered that pathology had thrown considerable light on this subject. It had been found that the brain decreased in weight after forty or fifty years of age, when man was in his best estate.

Dr. M'Intosh said that Professor Evanson had not alluded to insanity, which was the stronghold of phrenology. Many phrenologists pretended to determine character who were not qualified to do so. He related several instances where the phrenological knowledge of Mr. Combe, of Edinburgh, had been most satisfactorily put to the test.

Mr. Milnes, a non-medical member, said, if there was any objection against phrenology more striking than another, it was the very little progress that had been made in it since the time of Dr. Gall.

Dr. M'Intosh said that was not correct.

A member, whose name we did not learn, said he had had a cast of his head taken, and had submitted it to Mr. Combe, but he had declined to give an opinion upon it. He had it afterwards submitted to two other eminent phrenologists, and they differed very considerably about it, and also from the truth, so far as he knew himself and the actions of his life.

Dr. Cull said, a good phrenologist could ascertain character from the brain as well as from the skull, and produced a cast of the brain of Greenacre, the murderer, whose character had been shown from it.

Dr. Macartney said he had been a phrenologist, and a pupil of Spurzheim, and took his education from the fountain head; but experience had led him to change his opinions. Therefore the argument that people came round to phrenology was met by people going away from it. That part of the brain most intimate in its structure was entirely overlooked by phrenologists. They could never find that out. Phrenologists overlooked entirely what was the real structure of an organ—the internal structure of the brain. They might as well examine an orange and say, from its appearance, without cutting into it, whether it was a fruit fit to eat. He had known an instance where a pitchfork had been driven into the eye of a man, and had pierced the brain, and fixed itself so firmly in the skull at the top of the head, that it was obliged to be hammered out from the opposite bone, and the man's mental functions were never disturbed at all by it, and he recovered and lived for some time.

Dr. M'Intosh.—What did he die of?

Dr. Macartney.—He died of *dysentery*, seven years afterwards. (Much laughter.) He had already seen, in the internal structure of the brain, by dissecting, a great many varieties connected with character. Professor Evanson said the brain was not an organ, but that there were a great many. How did he get over this fact, that the filaments of the brain were so intimately connected with each other, that no traces of any division could be found. He therefore could not conceive how anything could go into one organ which was not taken cognizance of by the whole brain.

Dr. Carson here, as president, abruptly put an end to the discussion, by saying the time would not afford it, in order to get through the other papers.

A vote of thanks was then given to Professor Evanson, and the discussion closed.

[As an appendix to the preceding debate, we insert the following communication, which has been handed us by our correspondent, Dr. Haskell, of South Boston, whose views we recommend to the attention of the readers of the Journal.]

FORMATION OF THE BRAIN, HEART, &c.

The investigations that have been carried on in comparative and philosophical anatomy, particularly the latter, seem to converge towards the establishment of one principle; and that is, that there is a slow but continuous evolution of structure and function, from the lowest form of organized matter to the highest; that in the polypus we have the simplest type of animal life, in man the most complex. The former is but a mass of matter endowed with mobility, expanding with an inherent force, and by the combination of its activity and the impression of external agents, continuing through successive ages, it is made to exhibit all the changes wrought among animated beings. If it be supposed that this inherent force is a dense, elastic fluid, which organizes, agitates and expands the particles of bodies through which it moves, we might naturally look for the exhibition of the properties of such a fluid in the permanent forms, as well as functions, which these bodies assume.

1. If, for instance, the phenomena of light depend on the motions of a fluid similar to it, we might expect a class of appearances to correspond with the properties of light, as radiation, color, &c.

2. If, again, electricity, galvanism, &c., are effects of the motions of this fluid, the laws which are said to govern these agents should be illustrated by all beings which have life.

3. A third class of appearances would represent the motions that take place when two elastic fluids, in motion, interfere or strike against each other—as the undulations of the sea produced by winds, vortexes, whirlpools, and whirlwinds, the common characteristic of all which, is a circular motion communicated by the impulse.

4. A fourth class of phenomena would correspond with that pressure of fluids which is exerted against the parietes of the cavities that contain them, as the pressure of air against the internal surface of a soap bubble or bladder when blown into it, which is opposed to two pressures from without, viz., the pressure of the atmosphere and the elasticity of the tissue which it is expanding.

Now phenomena, belonging to one or more of these four classes, exhibit themselves abundantly in everything that has life, and in every organ and tissue where variety of structure is cognizable to the senses.

1. Radiation is shown in *arborization*; in the divergence of the petals of flowers; in the radiated fibres of wood; in umbels, corymbs, &c.; in the net work of leaves; in their frequent arrangement in whorls; in the formation of the flat bones; in the extensive class of animals, called, from this circumstance, "*Radiatæ*;" in the distribution of blood-vessels, the veins representing the converging, the arteries the diverging rays, the heart the focus; in the bronchial ramifications, and those of secretory tubes, the intermingling of several of these arborizations constituting secretory glands.

2. The tendency of fluids to move in a spiral direction, like the electric fluid, exhibits itself in the spiral vessels which carry the sap in plants; in vines, and their tendrils; in the arrangement of leaves and their foot-stalks, in many plants; in the arrangement of the vessels of the umbilical chord; in the spiral turns of the sudoriferous ducts, lately discovered; in the peristaltic motions, as manifested by the arrangement of the *valvulæ conniventes*—some animals, as one species of shark, having a spiral lamen passing the whole length of the intestines; in the biliary ducts; and most strikingly in the fact that two currents have been discovered flowing in opposite directions, and contiguous to each other, each describing a helix,* within the same cylindrical vessel.

3. The tendency to a curvilinear motion is manifested in the spherical form of cellules and closed sacs; in fruits; in the rounded forms of the prominent parts of bodies, and of internal organs; in cylindrical tubes, chords and bones; in all the univalve and bivalve shells; in the growth of hair, horns, the bills of birds, and the scales of fishes.

4. The pressure is exemplified in the growth of all animals and vegetables. This fluid, constantly accumulating within, has a tendency to diffuse itself equally in all directions. This effort at diffusion occasions the expansion of all bodies and organs of bodies, from the centre to the circumference. One effect of this pressure is exhibited, in a striking manner, in the growth of the brain. Another in the formation of valves and membranes, when currents, originally united, are made to assume opposite directions, and the disappearance of membranes, when currents move in the same direction. It is to the operation of this cause that the vessels on the chorion of the *fœtus* gradually unite, until they form the placenta and umbilical cord; that the blood-vessels, coming from the gills of fishes, unite in a single tube before they pass to the surface. But the clearest manner in which it is shown, is in the closure of the *foramen ovale* in the heart, and the formation of the *membrana tympani*; and as this connection, together with the agency of this fluid in evolving the brain, can be pointed out with briefness and precision, I shall devote a short space to their illustration, as the chief object of this communication.

The *foramen ovale* in the heart of the *fœtus* is closed by a membrane, as soon as the blood is attracted to the lungs, in the first efforts of respiration. The pressure of this fluid in the parietes of the heart, in the same plane with the *foramen ovale*, continuing, while the counteracting pressure of that contained within the blood, passing from one auricle to the other, is taken away, the fluid would of course move forward in that plane, and by attracting the tissue of the heart with it, would form a membrane closing the *foramen*.

The membrane of the *tympanum* is placed at the plane of junction of the current of air passing in and out of the cavity of the *tympanum*, by the *Eustachian tube*, and that passing into the *concha*; the air would not, therefore, move backwards and forwards through this plane, and perpendicularly to it, so as to interfere with a current of fluid converging from the circumference to the centre, as it does through every other

* Roget's *Bridgewater Treatise*, Vol. 2d, page 170.

plane that may be imagined in these cavities. In like manner the membranes over the foramen ovale and rotundum of the ear, the valves of the heart, arteries and veins, as well as the ductus arteriosus and venosus, may be traced to their origin.

The polypus presents, in its tissue, the analogue of every superior animal in its embryotic state. It moreover corresponds to the condition of the tissue in which every important organ is formed. If it is considered as a single animal, inhabiting the bed of coral which it forms, instead of a number, an opinion which is now gaining ground, the pieces of coral will be the cast or mould of the mass of animal matter contained within it; and since it is homogeneous in texture, with the principle of life diffused equally through all its parts, there will be every reason to believe that where it exhibits resemblances to any bodily organ, these resemblances are owing to the action of the same law of development. Now in that species of coral which is called brain coral, we have a complete representation of the convolutions of the cerebrum. In the branching coral, we have also the image of the arbor vitæ of the cerebellum. Again, in that variety which is called ruffle coral, we have an example of an arrest of development, constituting a primary stage of that which, in its more perfect state, is the brain coral. The growth of coral, in this way, is easily explained. Supposing the base of its formation to be a horizontal straight line, covered with polypous matter, from the base to the circumference of the polypus, the fluid is moving and diverging in all directions, but is more especially attracted upwards. It would first dispose the organic molecules somewhat in the shape of a fan; the upper edges of the fan would then begin to undulate, and these undulations increasing from the central plane, would soon be thrown in plaited folds like the mesentery. As the fluid passes off more readily from the upper edges than the sides, the plaits would approach each other, until they unite and present an appearance precisely like that of the convolutions of the brain, and which would afford the greatest number of points possible on a convex surface for this fluid to diverge without interference. Should the diverging force be so great as to overcome the power of cohesion, the plaits would split and form branches, corresponding to the cerebellum. These branches are flattened, and the lamina thin in the cerebellum, from the joint action of the fluid in the cerebrum above and the body below. That the formation of the brain and intestinal tube takes place by the operation of the same force, somewhat modified in each, reason and analogy afford little room to doubt.

By bearing in mind that the plaits or folds are not so much the effect of an actual bending of the tissue once formed, as of the successive accretion of molecules added in the lines of divergence of the fluids in the polypus and in the brain, we have only to conceive of a stratum of blood in constant apposition with the periphery of the brain, out of which the nervous molecules are elaborated and deposited, and the anatomy of the convolutions is at once perfectly understood.

But there is one powerful objection to so simple a view of the formation of the cerebrum and cerebellum. All wise men have proceeded

on the supposition that the brain was a very complex organ; that nature could not accomplish so much with it as she does, by a means so simple. Too many hard names have been given to the little irregularities and bulgings occasioned by the meeting of opposing currents of this fluid. Too many volumes have been published, too many vivisections have been made, too many pathological observations, thus to be lightly thrown away. The sublime science of Phrenology will be undone. Her six times six cerebral organs will melt away before the eye of imagination, as they have always done before the eye of the dissector. The corpus callosum will be callous to such reasoning. The lyra, in the hand of some modern Orpheus, will play a tune beneath the roof of the ventricles, that will wake the slumbers of the thalami; and the pedes hippocampi will dance to the music thereof. The cornu ammonis will *but* and *rebut* such innovations. The grit of the pineal gland, the very seat of the soul, will be roused. The iter ad infundibulum, and the iter a tertia at quartum ventriculum, will reverberate iter-unique, iter-unique, and the calamus scriptorius will be taken in hand to re-echo the burden of the encephalon, from the tears of the pituitary body to the gashings and biting sarcasms of the corpus dentatum.

The only reply to this objection is, that after all the labor and research spent in investigating the brain, we know of nothing that opposes the supposition of the brain being a single organ. Every attempt to make a particular part of it subservient to a particular faculty, has failed. If evidence were wanted for this assertion, evidence enough would be found by reading that portion of the debate before the British Association for the promotion of science, relating to this subject; or Professor Dunglison's detailed view of the opinions and experiments on the functions of the nervous system, from which he draws the only legitimate conclusion that can be drawn, from the light in which they were contemplated, which is, that it is best to repeat the experiments over again. A sufficient reason this to regard the method of proceeding in experimenting on the brain, as wrong ab initio. Instead of endeavoring to find out for what purpose an organ is formed, and confining our attention to that object, *exclusively*, we should also endeavor to discover the law which regulates the formation of the several organs. There are two questions to be answered in this connection, which mutually explain and lend a clue to the investigation of each other. These questions are, first, the design, and second, the mode of evolution, of the organs. By looking after particular organs in the brain, and particular purposes to be answered in the formation of such parts, as the fornix, pineal gland, and corpus callosum, physiologists have been looking for needles in a haystack. In this way we may arrive at a satisfactory solution of many appearances which now perplex and puzzle us. By supposing the brain, as well as other organs, to be developed between the pressure of two mediums, one accumulating from within and tending outwards, the other pressing upon it from without, we have at once a satisfactory explanation, not only of the anatomy of the convolutions, but of all the appearances it presents. The globular appearances in the early stages of its development, the bulging out of the cerebellum and the convolu-

tions afterwards, are the result of a pressure nearly equal and uniform from below upward and from within outward; while the corpus callosum, the septum lucidum, the fornix, the pineal gland and the mammillary eminences, are the result of currents established to make up the equilibrium. The medium pressing upon the brain and the body from without, is the ether which in its vibrations is supposed to cause light, heat, and electricity. That within is the same fluid more concentrated, and which seeks to diffuse itself. The whole body may be considered a sphere, having within it a focus from which the fluid radiates, and to which the fluid without tends; and each organ a smaller sphere, having a similar central point. The mutual action of these several centres modifies each other, and occasions the varieties in the forms of the different organs. They are like the different centres of gravity in a system of bodies, the common centre of which exists in neither. The common centre for the cerebrum, cerebellum and spinal marrow, is the pons varolii, as is sufficiently indicated by its structure, position, and the converging of the fibres of the crura, as well as by the bulgings of the medulla before it enters the mass.

This fluid forms bone, when its course is uninterrupted in one, two, or three directions; it forms cartilage, when its motions are broken in the slightest degree; tendon, when still more interrupted; muscle and membrane, when a greater variety of motions are impressed upon it; and nerve, when it is obliged to vibrate in small spaces. The particles of each tissue, when they are deposited, are so disposed as to give a disposition to the continuation of precisely the same motions that arranged them in that particular way. Nervous fibres indicate the course in which the fluid moves. Nervous expansions of soft or semifluid consistence, like the retina or auditory nerve, show that the fluid vibrates in small arcs.

It is impossible here to enlarge on these points. Each of them would afford matter for a volume. They are thrown out *en masse*, simply to elicit attention. In a future number of the Journal an exposition of the anatomy of the ear will be given, which, as it presents a number of mathematical relations in the shape and position of the semicircular canals and cochlea, will nearly demonstrate the existence of this fluid, if further demonstration is wanting, as the grand moving principle of life, manifested in the composition and decay of bodies, in health and disease.

NOTE.—I would take this occasion for correcting a misapprehension, that, it has been suggested to me in conversation, has arisen in the minds of some in relation to the views set forth in the article on animal magnetism, and in the propositions on physiology, recently published in this Journal. I am supposed to imagine the existence of *two* fluids, separate and distinct in their nature, as the active agent in the changes and forms wrought by the principle of life. This is altogether a mistake. I have never seen any necessity for the admission of more than one fluid, which is generally and universally diffused. This fluid I conceive to be the ether, the vibrations of which, in certain spaces and times, is commonly believed to occasion the sensation of light and heat, and its currents, elec-

tricity. Any concentration or motion of this fluid must be attended with the formation of a new medium, which, like the different strata and currents of the air, would give rise to virtually the same physical effects as two fluids encountering each other in their movements. And it was in treating of these concentrations and motions, excited in organized matter, that I may have spoken of two fluids, or of two mediums, in a manner intended to fix more definitely in the mind the several points aimed at in the discussion, but at the same time calculated to mislead into the opinion of my imagining two causes to account for phenomena which one will account for as well.

B. H.

A CASE OF MALFORMATION OF THE SEPTUM NARIUM.

[Communicated for the Boston Medical and Surgical Journal.]

FROM youth up, persons with whom I conversed often justly complained of my indistinct enunciation, and remarked that it was oftentimes impossible for them to understand many words I uttered. Being reminded of this defect by teachers and friends almost from the moment I was able to articulate the first words in childhood, until I had attained to maturer years, I made constant efforts to overcome the difficulty, and particularly in all words, which I had occasion to use, having the nasal sound, yet without any success. I was, therefore, greatly to my annoyance, compelled to sit as a silent listener to the conversation of others. It was not until the summer of 1830, that I began to suspect the real cause of all my trouble. From my then entire ignorance of the true nature of the difficulty, I was apprehensive of serious consequences, and consulted the most eminent neighboring surgeon. Not comprehending its character, his prescriptions tended to increase, rather than lessen, my affliction; for the local use of iodine ointment and tincture had not a very soothing effect on the delicate and sensitive surface of the schneiderian membrane. Great determination of blood ensued, and consequent thickening of its tissue. After this, the same surgeon advised me to have an incision made through the ala nasi to the nasal process of the superior maxillary bone, and then the offending substance removed. To this I declined, as there was already too great a disfiguration of the nose, without the addition of a cicatrix.

I then applied to another surgeon, a professor in a medical institution, and was advised the same operation, to be performed in the same way. I lastly repaired to Philadelphia, and consulted Dr. George McClellan, of the Jefferson Medical College. This gentleman, for the first time, pronounced it a congenital malformation of the septum narium. Upon examination, it was ascertained to commence where the cartilaginous septum joins to the vomer; thence inclining to the right of the mesial line, it completely obstructed the right nasal passage, giving to the external appearance of the nose a very marked lateral curvature. Professor McClellan commenced the operation of extirpating the septum by passing a sharp-pointed bistoury through its inferior portion, with the

edge quite to the floor of the nostril ; then adroitly curving and carrying it posteriorly nearly to the vomer, it was turned upwards and then forwards to the place of beginning, entirely removing the septum, without in the least interfering with either alæ.

Since that time, thanks to the skillful hand of the operator, my nose has become straight, my enunciation good, and I am enabled to breathe without an half-opened mouth.

AN M.D.

Nov., 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 29, 1837.

LISTON'S SURGERY.*

IN sitting down to examine a new book, a person feels the same kind of curiosity that he does in looking, for the first time, at some ingenious piece of mechanism. The binding, the dimensions of the pages, the character of the type, the arrangement of the subjects, and, last, though not least, the claims of the author, are each the objects of interest in turn.

A few days ago our friend Ticknor, who really manifests a laudable ambition to stock his shelves with every work that the profession inquire for, sent us a generous volume from the press of Carey and Hart, of Philadelphia, entitled *ELEMENTS OF SURGERY*, by Robert Liston, which deserves something more than a simple paragraphic notice. The world has not yet been deluged with the writings of surgeons ; there is abundant room for more. In fact, as the art is acknowledged to be progressive, it is as necessary to multiply them, as it is to record the advances made in domestic economy. Every age, every year—indeed every operation—adds to the preceding stock of this particular kind of knowledge ; and to be qualified for discharging the duties devolving upon one who professes to be always prepared to alleviate distress—nay, to save life, endangered as it continually is, by unnumbered incidents, and an almost countless catalogue of diseases which fasten upon the complicated framework of man—he should avail himself of the proffered experience of all who are able and willing to give him instruction.

It is presumed that no surgeon deliberately goes through the thankless labor of constructing a guide book in operative surgery, in these days, who does not feel conscious of his ability to instruct the reader. Occasionally, in this as in other professional departments, an author may mistake his own power, and suffer the mortification of being forgotten before he ceases to exist ; but it rarely happens that sterling merit goes unrequited. Envy, jealousy, selfishness, and the despotism of a name, may limit for a while the influence of the most meritorious and deserving. Still, in the end, real talent will triumph, and true greatness have its reward.

* *Elements of Surgery*, by Robert Liston, Fellow of the Royal College of Surgeons in London and Edinburgh ; Senior Surgeon of the Royal Dispensary of the city and county of Edinburgh ; Lecturer in Surgery, &c. Philadelphia : E. L. Carey & A. Hart, 1837. 8vo. p. 541.

A sketch of Mr. Liston's life would be but a republication of the history of an excellent man, a bold and successful operator, a popular teacher, and one who is already familiar to the reader. The announcement, therefore, of a scientific treatise from his pen, is simply notifying his admirers, a numerous body in this country, that they can procure what they have long desired—a system of surgery from high authority.

He professes to present the elements only ; yet those who have given this edition a thorough investigation, pronounce it a full and complete work. The author has a happy mode of arriving at the point, without obliging the student to follow him through a whole chapter of preliminary observations. This circumstance is, in itself, a recommendation. As a whole, it is characterised by simplicity and conciseness ; and yet every idea, every process, and every leading fact, is introduced in an orderly manner, as from one understanding their value and bearings.

Mr. Liston's *Elements of Surgery*, in a word, is a valuable acquisition to the library. Although he has in preparation another upon the same subject, illustrated with wood engravings, it is presumed it will not vary essentially from the present American edition.

We entertain no fears, nor do we design to court favor, in speaking of authors. If we praise them, it is because we think they have intrinsic claims : on the contrary, adventurers in medical literature, who push their frail vessels, without compass or chart, beyond the depths where they would have sailed in safety, excite but a momentary compassion when lost in the great ocean which they had neither skill nor qualifications for navigating.

Diseases of the Lungs.—Since the Boston infirmary for diseases of the lungs was opened, it is surprising to observe the number seeking advice at that institution. A large proportion of the applicants are young persons. We were struck with the evident tendency to inflammation of the lungs in this region of country, years ago, but had no just idea of the amount of hereditary disease of those life-preserving organs, till we had listened over and over again to the melancholy details of patients—how their grandfathers, grandmothers, fathers, mothers, brothers and sisters, had been swept away by that scourge of New England, pulmonary consumption. The late lamented Dr. Spurzheim always spoke with peculiar boldness on the subject of the intermarriage of persons actually diseased, as well as those descended from parents in whom a family tendency existed to phthisis. Now the fact is established, beyond all contradiction, that children born of parents whose lungs are tuberculous or ulcerated, will, in a majority of cases, have the same fearful malady. Ought not the suggestion, then, of that accurate observer of man in all the phases of life, from infancy to age, in respect to matrimonial alliances, at least, to have some influence in all intelligent communities ?

Diætic Radicalism.—The author of the "*The House I Live in*," a well devised little treatise on elementary anatomy, calculated to create a taste amongst non-professional youths for understanding the great principles of animal organization, has produced a duodecimo, of late, which, though quite foreign in its design from anything ordinarily treated of in our Journal—being called the *YOUNG WIFE*—is, nevertheless, within our province. It is so, because the author, almost without being perceived, through the guise of a moralist—a character for which we enter-

tain the highest respect, and we certainly respect him as plain Dr. Alcott—holds up his prejudices to the contemplation of the reader, as the deductions of sound philosophy. *Tea and coffee*—the old hobby of the defunct anti-eaters, anti-drinkers, anti-sleepers, yea anti-thinkers—figures in the “Young Wife” as a fiend that sucks out the life-blood like a vampire. Now this is a doctrine that cannot be sustained by that best of all evidence, the experience of ages. It was not our intention, when these remarks were commenced, to be argumentative, nor do we purpose to cite facts in order to illustrate, what, after all, would be but an individual opinion, viz., that the world, with the men and women upon it, is doing very well—leaving it optional with them all, however, to starve on bread and water, or breakfast on coffee, dine on beef, and chat, at evening, over a cup of tea, just as suits their own convenience, sincerely believing they will live just as long and as well in the temperate use of the latter articles as they will in the entire abstinence from them.

Vermont Academy of Medicine.—The annual autumnal term of the Vermont Academy of Medicine closed on Wednesday, Nov. 8th, 1837. The degree of M.D. was conferred on twenty-one gentlemen.

The honorary degree of M.D. was conferred on Eli Bois, M.D., Jefferson, N. Y., and John D’Wolf, Jr., M.D., Bristol, R. I.

The annual spring term commences on Thursday, the 3th of March, 1838, and continues thirteen weeks.

Medical Miscellany.—Dr. Flint’s introductory lecture at the Medical Institute of Louisville, is spoken of as being an uncommonly elegant production. The school there is represented to be flourishing.—Professor Lock has returned from Europe, to Cincinnati, bringing valuable apparatus for the Medical College of Ohio.—Mr. Fletcher, the phrenologist, is carrying on a profitable business in Boston, examining numbsculls—price fifty cents.—The deaths in September, at Natchez, by yellow fever, were 76; in October, 163.—The bones of an extraordinary animal were discovered in Jackson Co., Ohio, lately, one of the tusks weighing 130 lbs, and one of the teeth 4 lbs., 4 oz.—The yellow fever has been making melancholy havoc at Opelousas, La.—A maker of patent pills, in New York, remarked to a box maker, the other day, that he had sixteen bushels of pills on hand, for which boxes were wanted.—A child at Camden, N. J., 18 months old, was killed, recently, by a needle, which was unaccountably forced through the walls of the thorax. The poor little sufferer died as Dr. Harris was in the act of making an incision for extracting the needle—not enough being without the skin to seize it by. An examination exhibited the needle in the substance of the lungs—causing an effusion of blood and suffocation.—Cases of smallpox have occurred at Woodstock, and other towns in Vermont.

DIED.—In North Yarmouth, Me., Dr. Gad Hitchcock, aged about 50.—In New York, Dr. William Grigg, aged 33, formerly of this city.—In this city, on Saturday last, the Hon. John Cotton, in his 67th year, formerly proprietor and publisher of the Boston Medical and Surgical Journal.

Whole number of deaths in Boston, for the week ending Nov. 25, 34. Males, 12—Females, 22.

Consumption, 4—typhus fever, 1—scarlatina, 6—teething, 1—old age, 1—ulcerated sore throat, 1—croup, 1—ulcer of the antrum, 1—child-bed, 1—measles, 3—lung fever, 1—lumbar abscess, 1—paralytic, 1—fungus hæmatodes, 1—dropsy in the head, 1—decline, 1—stillborn, 2.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero-Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. Price, \$10.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me.,
JOSEPH BALCH, JR. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN,
Bridgeport, Conn. May 10—6m

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in *two* Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	DR. WARE.
On the Principles and Practice of Surgery,	"	DR. OTIS.
On Anatomy,	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel with out any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 15—1f

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

Franklin Street, Nov. 9, 1836.

July 19—6m

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.00 after three months, and \$1.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
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VOL. XVII.]

WEDNESDAY, DECEMBER 6, 1837.

[NO. 18.]

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND
MEDICAL SOCIETY.

NO IV.—BY JACOB FULLER, M.D., PROVIDENCE.

[Communicated for the Boston Medical and Surgical Journal.]

At a meeting of the FISKE FUND TRUSTEES, held at *Newport, R. I.*, on the 27th day of June, A. D. 1837, it was decided that the Dissertation bearing the motto, "*Poculum Baccho, et navigium Plutoni*," and which, on breaking the seal of the accompanying letter, was found to be written by Jacob Fuller, M.D. of Providence, was entitled to the premium of *forty dollars* offered for the best Dissertation on the question, "What is the nature and best mode of treatment of Delirium Tremens?" In awarding the premium to this Dissertation, neither the Trustees nor the Rhode Island Medical Society hold themselves responsible for the doctrines herein inculcated, treatment recommended, or opinions advanced.

Signed,

{ CHARLES E. ELDRIDGE,
SAMUEL WEST,
WILLIAM G. SHAW.

"What is the nature and best mode of treatment of DELIRIUM
TREMENS?"

THIS mysterious and dangerous disease is frightfully prevalent throughout the whole United States, in consequence, we presume, of the moderate price of ardent spirits and the facility with which they can be obtained, which leads to an excessive and too frequent use of these intoxicating beverages—which stimulants may be considered almost the sole parent of this affection. Formerly this disease was confounded with, or mistaken for, phrenitis, until at length Dr. Sutton and some other physicians called the attention of the faculty to it as a specific complaint. It differs from common delirium in being accompanied with a trembling of the hands, feet, tongue, and often every part of the body. Hence the common name of *Delirium Tremens*.

Dr. Cross, of Lexington, Ky., has divided the disease into four species, or varieties; but, as we think, a division into two species is sufficient for all practical purposes, and this division we regard as founded in nature and highly important in the treatment. The first species is attended with more or less inflammation and vascular excitement of the arachnoid and other membranes of the brain, and is accompanied with great irritability and impatience of contradiction or restraint.

The second species is attended with exhausted nervous energy, trembling, irritability and great indirect debility; but between these two species there are intermediate shades or forms of the disease, which cannot

be referred to either. Yet a distinction should be kept up, and the disease treated according to its inclination to one or the other forms, otherwise both species are apt to be submitted to the same treatment, often to the destruction of the patient; and for want of this distinction, much discrepancy of opinion has prevailed respecting the treatment of the complaint.

In the first species the pulse are frequent, full and hard, the countenance flushed, the head hot, great vascular excitement in the membranes of the brain, great irritability of temper and violence in being opposed, constant watchfulness and trembling of the hands and limbs. This species of the disease is caused by the direct stimulation and excitement raised by the intemperate use of spirituous liquors, opium, strong beer containing the *Cocculus Indicus* and other narcotic ingredients; also by the excessive use of any narcotic or intoxicating substance. Likewise it may be produced by long-continued watching, when attended with much anxiety. A physician, who had an extensive practice of midwifery, informed us, that when he was deprived of sleep for seven or eight successive days, it never failed to produce a morbid wakefulness, accompanied with *delirium tremens*. Young ladies possessed of great sensibility and irritability, who spend half their nights in novel reading, by which their minds become highly excited and wakefulness is induced, often suffer severely from the *delirium tremens*. And in such cases it is very apt to be mistaken for some other kind of delirium. Intense and prolonged studies, in either sex, especially when prosecuted under the influence of depressing passions; excessive venereal indulgence, and masturbation, under particular circumstances, are likewise said to produce the disease.

The second species, or true *delirium tremens*, from exhausted nervous energy, is characterized by a constant watchfulness, frequent, weak and small pulse, constant trembling of the hands and limbs, delirious illusions; the feet and hands are cold, and the surface of the body continually covered by a profuse cold sweat; the tongue trembles, is cold and much loaded, though generally moist.

Whilst the first species of this disease is generally caused *directly* by drunkenness, the second is *indirectly* produced from the same cause; one being the immediate consequence of intoxication, whilst the other is produced by withholding the accustomed stimuli. A slight form of the disease, without intoxication being induced, may be seen amongst habitual tipplers, with a trembling of the hands and occasional illusions, especially in the morning before receiving their usual dram. The same trembling in the morning universally accompanies the intemperate use of opium; and opium-eaters, like drunkards, are unfit for business in the morning, until after receiving their accustomed stimulus. An attack of this disease in intemperate subjects is generally brought on by the neglect of proper food, and the excessive use of intoxicating beverages, followed by a sudden deprivation—especially when accompanied with other depressing causes, such as hæmorrhage, diarrhœa, and fractured bones, in which cases a low diet and abstinence from spirituous liquors are injudiciously prescribed, and if persisted in, will soon induce the dis-

ease. Hence it is chiefly when sobriety has followed a protracted debauch, and the previous indulgence of the patient has induced that condition of the nervous system which readily takes on diseased action, that the delirium tremens takes place. And hence the difference between the two species is readily perceived; a single indulgence, to excess, in inebriating liquors, being sufficient to produce the former, whilst abstinence after an habitual and protracted use is required to produce the latter.

The symptoms of delirium tremens remarkably vary in different cases, from slight nervous tremors, illusions, and quickened pulse, to the most alarming state of muscular agitation, vital depression, and alienation of mind.

The characteristics of the first species are, that it comes on during a fit of intoxication and other exciting causes, or immediately afterwards; that the pulse are full and hard; the face flushed, and the animal heat greatly increased; that the vascular excitement is of the sthenic kind, and the delirium violent. Without careful attention to the history of the disease, this species may be taken for phrenitis, the delirium of fevers, and insanity.

The second species, or true delirium tremens of modern writers, has been divided by Dr. Blake into three stages. The first stage usually comes on in the course of from two to eight days after a protracted fit of intoxication has been followed by sobriety, or abstraction of the accustomed stimulus. It is commonly preceded by gastric derangement and slight febrile action, and is often aggravated by some contingent or accidental injury, fractured bones, &c. Loathing of food, lassitude, indistinct chills, cold moist skin, great debility, disturbed slumbers with frightful dreams, are among the first feelings of indisposition. These are soon followed by general irritability, accompanied with a quick and weak pulse, oppression at the pit of the stomach, vertigo, wildness and quickness of the look; the slightest exercise increases the tremors of the hands and the profuse perspiration; the bowels are often relaxed, but sometimes constipated. The tongue partakes of the general tremor, and is much furred, though moist. The patient is melancholy, and often sighs; his countenance is anxious and dejected. This state continues three or four days, when the second stage commences, which is characterized by a total want of sleep, constant tremor and delirium, great anxiety of countenance and extravagant fancies, great susceptibility of the nervous system, great excitability of temper and irritability of the muscles, frequent mental illusions and "thick-coming fancies." Sometimes the patients think themselves covered with lice, and will spend hours in combing their heads and in brushing their clothing in order to free themselves from them, but they multiply faster than the patient can brush them off. At other times their optical illusions enable them to see their dwelling beset or filled with all kinds of noxious animals which fancy could draw or imagination could paint, and these horrid animals grinning, with open mouths ready to bite and devour them. Wherever they go, these frightful creations attend, and the patients are constantly endeavoring to avoid them. The tongue becomes more loaded, and the

heat of the body increased, though the hands and feet become cold and clammy. The pulse are quick and weak, from 120 to 140 in a minute. The patient is constantly occupied with the object of his delusions, talking incessantly, and when opposed and kept in one place, is violent and noisy. This stage continues three or four days, and is followed by a mitigation of the symptoms, or a further collapse of the vital powers.

The third stage, in the most favorable cases, is a mitigation of the symptoms of the second, followed by a deep and profound sleep, from which the patient awakes convalescent; but, in the most severe cases, the symptoms of the second stage are increased; the patient makes violent struggles, and becomes bathed with a cold perspiration; the coldness of the hands and feet increases, and at length pervades the whole body; the pulse are much quickened, and the irritability and trembling increase and constantly agitate the whole body, like the cold fit of an intermittent. The trembling is often so violent as to prevent the patient from carrying a cup of drink to his mouth. The perspiration becomes colder and colder, the countenance is pale, the delirium increases in violence, the mind is excessively irritable, and so continues until the calm comes on, which immediately precedes the death of the patient.

These are the usual symptoms, though cases often occur where the disease cannot be distinguished into different stages, the symptoms being so confused as to admit of no distinction. Nor can the two species be always distinguished from each other; for there are so many different shades and gradations between them, that they seem imperceptibly to pass into each other, and therefore in the treatment these things must be kept in view, and the disease treated according to its approach to either species.

The two species of the disease are often confounded with each other, and as such mistakes may lead to the fatal application of the remedies employed, the attending physician should be very circumspect in making up his mind to which species the disease under investigation should be referred. The second species may be distinguished, as already remarked, from the first, by the circumstance of its being caused indirectly from intoxicating beverages, whereas the first species occurs directly from the same source; also by being accompanied with a weak and quick pulse, paleness and a profuse perspiration, moist trembling tongue, and trembling over the whole body from the commencement; whilst in the first species the disease does not always commence with trembling. Also the illusions in the second species are almost peculiar to the true delirium tremens. These symptoms, with the previous history, may likewise serve to distinguish it from any other disease.

The pathological condition of the brain in delirium tremens is considered by Dr. Coates, of Philadelphia, "to consist in a heightened activity of the sensorium; and this appears to arise from the generation, in that organ, of an unusual vital power, which is not exhausted by the narcotic poisons habitually used. This is not to be considered a hypothesis, but the expression of a fact existing in nature."

Now this condition of the brain may be perfectly correct, but according to our experience the encephalon is not the organ primarily affected,

for the first species consists solely in a sympathy transmitted to the brain, by the stimulated condition of the stomach, before any organic lesion could have been produced. And the second species we believe to be always preceded by a nervous and vascular irritation, or by actual inflammation of the liver and stomach, and generally these organs are more involved in the morbid actions than any other, not even excepting the brain itself. It therefore may be laid down as a general rule, when these organs are implicated, that the disease cannot be entirely cured without the employment of mercury.

Dr. James Johnson, of London, "maintains, from many cases which he had seen of delirium tremens, and some dissections, that pure specimens of the disease were not necessarily connected with inflammation of the brain, and, consequently, that the basis of the treatment was opium to procure sleep, and diffusible stimulants to equalize the circulation and the excitement." He further adds, "The membranes of the brain, like every other part of the animal frame, may suffer, not directly, but by *sympathy with diseased organs*, situated at a distance from them. Thus irritation of the brain may be induced, by hepatic, gastric, or intestinal disorder; this irritation may pass into more active derangement, if the operation of the cause continue; inflammation may ultimately be established, and the original disease so masked by the cerebral affection, or so secondary in importance, as at length to escape all notice."—*Johnson's Review*, Vol. 15, N. S. page 29.

Furthermore we add that excessive stimulation by ardent spirits, and various narcotics, never fails at length to produce chronic gastritis and a diseased and deranged state of the hepatic organs, and also a debility of the whole nervous system—a state of the human body which always induces the delirium tremens, when for a few days the accustomed stimuli has been withdrawn. These observations are added because they are deemed important to a judicious treatment and a radical cure of the disease.

Persons of strong, robust constitutions may recover under proper management from repeated attacks through a long course of years; but in feeble and broken-down constitutions, especially where the abdominal viscera are much disordered, the patient usually dies on the second or third attack of the delirium tremens.

In the few cases of post-mortem examination which we have seen of the second species, the brain exhibited the very reverse of inflammation, though it is true that the arachnoid at the base of the brain exhibited in some cases a slight opacity, and sometimes there was a slight effusion into the ventricles. The stomach exhibited the appearance of chronic gastritis, and the liver was enlarged, tuberculated, sometimes scirrhus, and sometimes presenting the fatty degeneration. In the first species the brain is congested, and there is often a great effusion of serum into the ventricles.

Treatment.—In the first species, which is attended with vascular excitement, a strong, hard pulse, flushed countenance, and a great increase of animal heat, moderate depletion by means of leeches or cupping from the nape of the neck, or behind the ears, will be productive of

much good, or the leeches may be applied with equal benefit to the region of the liver, or to the *scrobiculis cordis*, but a full bleeding from the arm will soon destroy life. Deceived from appearances, we have more than once seen this species of *delirium tremens* treated by the inexperienced as *phrenitis* attended with delirium, and every case so managed has uniformly proved fatal; nor has it proved less destructive to life when treated with stimulants from the commencement. After the application of the leeches, if the head is not relieved, the occiput should be shaved and a blister applied to that part of the nucha. In the mean time, calomel, in the dose of four or five grains, should be given every hour or two until it acts freely upon the bowels; or if it does not relax the intestines in the course of ten or twelve hours, its operation may be quickened by a decoction of senna, manna, and anise-seed, or by jalap combined with aromatics; and, indeed, whatever cathartics are employed, they should be given in combination with aromatics, with assafoetida, ammonia, or with hyoseyamus, or with the comp. tinct. of jalap, or the comp. tinct. of senna; and if the bowels are obstinately constipated, the action of the cathartics may be quickened with turpentine injections, combined with assafoetida.

When the disease is the effect of spirituous potations, extreme caution should be used that the leeching and cupping are not persisted in too long, but upon the first subsidence of the cerebral and vascular excitement the local depletion should give place to the employment of opium, camphor, ammonia, the accustomed stimulants disguised, or other cordials, to procure sleep and to prevent the depression and debility which are sure to follow the previous excitement. In cases where the patient will not permit the abstraction of blood by leeching, or where it cannot be performed, tartarized antimony in nauseating doses may be substituted for it. It will control the circulation and lower the excitement as much or more than leeching, and when it is desirable to give calomel at the same time with antimony, it may be combined with the *pulvis antimonialis* instead of the tartarized antimony; but the same caution as in leeching must be exercised, lest the debilitating effect of the *antimonialis* should be carried too far—and as soon as the increased action has abated, cordials should be used until health is restored.

Another powerful remedial agent is found in the cold shower bath, whenever the animal heat and general excitement are much above the standard of health. It may be applied by means of confining the patient to a sentry box, on the top of which there is a cask containing a barrel of water, which by lifting a valve may be made to flow suddenly on the patient's head; after which he should be wiped dry and desired to walk until reaction takes place, when sleep is generally induced. We know of no remedial measure so sure to induce sleep as the cold shower bath, when followed by reaction and sweat. If the heat should return, the bath may be repeated twice a day, and in the interval between the bathing the head may be kept cool by means of cloths wet in cold vinegar and water, and applied to the head. When the cold shower bath cannot be had, nearly the same good effect will follow the application of cold water poured from a height on the patient's head by means

of a large tea kettle, or a plunge, head foremost, into the river. We have sometimes cured this species of the complaint by the employment of the cold bath without the use of one particle of medicine.

We knew a clergyman, who, from excessive study and night watching, was attacked with this species of delirium tremens. When we first saw him he had not slept for a week, and he was exceedingly talkative and wild in his actions. The shower bath was prescribed and submitted to, and after the patient received a barrel of water on his head, he was wiped dry, and, when clothed, his friends were directed to walk with him until he should sweat. This occurred after walking about two miles. When he reached home, he soon began to nod and grow sleepy, he was put to bed, and soon fell into a profound sleep, which lasted for twenty-four hours, with the exception of waking up a few times and asking for drink, which being received he again slept, and at last awoke free from disease, and continued so. In this case no other remedy was employed.

In short, we consider the cold bath one of the most efficient remedial measures which can be employed in the delirium tremens, whether of the sthenic or asthenic kind, but more especially in the species now under consideration; and we think the physician highly culpable who would neglect to prescribe it whenever the excitement is much above the standard of health. If there is any case where its use is improper, it is in the second and third stages of the most asthenic kind.

The observations of Dr. Stokes, of the Meath Hospital, are so appropriate and so nearly correspond with our own views of the subject, that we have taken the liberty to make the following quotation from one of his lectures. "The supervention of inflammatory diseases of the brain, in delirium tremens, is not understood by many practitioners; and they go on administering stimulant after stimulant, totally unconscious that they are bringing on decided cerebral disease. I have witnessed the dissection of a great many persons who died of delirium tremens, and one of the most common results of the dissection was the discovery of unequivocal marks of inflammation in the brain and stomach. Broussais considers all such cases as merely examples of gastritis, and ridicules British practitioners for inventing 'a new disease;' but in this he is certainly wrong, for there have been several cases in which no distinct marks of gastric inflammation could be discovered. In all cases, however, where the delirium supervenes on an excessive debauch, there is more or less of gastritis; and though it may occasionally happen, that a patient, under such circumstances, may recover under the stimulant treatment, yet I am convinced that the physician will very frequently do harm by adopting it.

"This complication of delirium tremens with gastritis is also exceedingly curious in another point of view, as it illustrates how completely the local symptoms are placed in abeyance, and, as it were, lost during the prevalence of strong sympathetic irritation. The patient's belly will not be tender; the tongue may not be red; the symptoms present may be indicative of mere cerebral affliction; and yet intense gastric inflammation may be going on all the time, and all the appearance of cere-

bral affection be quickly removed by treatment calculated to subdue a gastritis. Is this all theory? No, for we have practised on this principle with the most extraordinary success in the Meath Hospital.

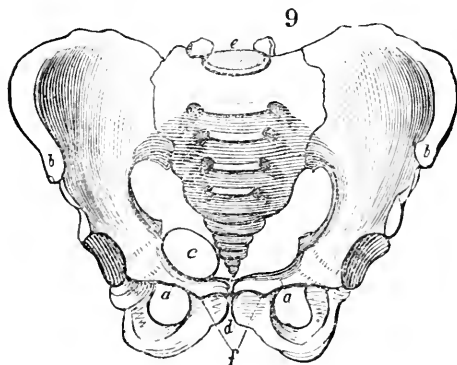
"We have seen cases of the most violent outrageous delirium subside under the application of leeches to the epigastrium, and iced water, without a single drop of laudanum. I beg of you, if you meet with any cases of delirium tremens under such circumstances, to make trial of this mode of treatment, and record its effects, for it is important that they should be more extensively known. I have seen the whole train of morbid phenomena, the delirium, the sleeplessness, the excessive nervous agitation, all vanish under the application of leeches to the epigastrium. In some cases, after the sleeplessness and delirium were removed by the practice, and the tremors alone remained, we have again applied leeches to the epigastrium, and succeeded in removing the tremors also. On the other hand, where a stimulant plan of treatment was employed, and the patient died, we have most commonly found inflammation in two places, in the stomach, or in the brain or its membranes. The rule, then, is this—in a case of delirium tremens from want of a customary stimulus, use the stimulant and opiate treatment; but when it comes on after an occasional and violent debauch, such remedies must be extremely improper. Adopt, here, everything calculated to remove gastric irritation. We have facts to show that most decided advantage may arise from the application of leeches, even where the symptoms of gastritis are absent."

(To be concluded next week.)

REPORT ON THE RADICAL CURE OF HERNIA.

[Continued from page 222.]

FIG. 9.—*A view of the Pelvis, with Chase's Vento-Inguinal Block in situ—to show the adaptation of its curvature to the form of the body and spine of the os pubis.*



- a a* The bodies of the pubic bones.
- b b* The anterior superior spinous processes of the ilia.
- c* The ventro-inguinal block in situ.
- d* The symphysis pubis.
- e* The base of the sacrum.
- f* The spines of the pubic bones.

As regards the accidents consequent to the use of this instrument, the coexistence of varicocele has been observed in several instances,

but the Committee think, not more frequently than after the use of the old common inguinal trusses. This affection, to the extent noticed, is so common in persons laboring under hernia, and even among those who are not affected with any other disease, that they feel considerable doubt whether in the cases observed, it was generally referable to the action of the truss, to the pressure of the intestines when protruded, or to some pre-existing cause. They have not been able, in more than one instance, to determine, positively, that it was caused by the instrument, and in no case has it produced material inconvenience. One case of slight and temporary hydrocele has been observed by the Chairman, and in this the hydrocele attracted but little attention until after the patient had been ordered to relinquish the truss. It occasioned him some alarm at first, for he supposed that a relapse of hernia had taken place; but the symptoms disappeared in a few weeks.

An agent for Dr. Chase mentions another similar case, but it appears, from the slender amount of evidence heretofore obtained, that this form of hydrocele is of short duration, and of no material importance. In the very old and extensive ventro-inguiual hernia described in Case I., there was an alteration of texture observable on the side corresponding with the hernia, both in the spermatic cord and the testicle, the latter being almost destroyed by absorption. The Chairman of the Committee, by whom these parts were most cautiously examined, is decidedly of the opinion that this change could not have been induced by the pressure of the wooden truss-blocks employed, defective as some of them were, because it is unreasonable to suppose that such results could have followed an embarrassment in the circulation of the cord, in the short space of time during which the hard blocks were in use, without occasioning pain or inconvenience to the patient. It is fair to conclude, then, that as the condition of the testicle had never been perceived by the patient until pointed out by the Committee, the absorption was the result of the long-continued action of the ill-supported intestines, together with the occasional pressure of ill-applied trusses upon the pubic bone.

The Committee are, therefore, of opinion that there exist no physiological objections to the use of the ventro-inguiual block of Dr. Chase, which are not equally applicable to all known means of retention in ventro-inguiual hernia; that this block is more accurately adapted to the form of the pelvis, and the parts on which it is intended to act, than any pad or block previously in use, and that it escapes the objections felt to the ventro-inguiual block of Dr. Hood, by the greater regularity of its arched form, and the absence of any angularity or other peculiarity of shape designed for the production of irritation.

The only peculiarity of the ventro-inguiual truss of Dr. Chase, consists in the form of the block. In every other particular it is identical with the inguiual truss. But, in the application of the instrument, it is necessary that the perineal strap should be secured, at its anterior extremity, to the button on the end of the block-slide, and not to that on the anterior extremity of the spring.

To the complete instrument, as it has been actually employed during

the last year, the Committee may safely apply the same language used in concluding their remarks on the inguinal truss.

Chase's Femoral Block, with Attachment.

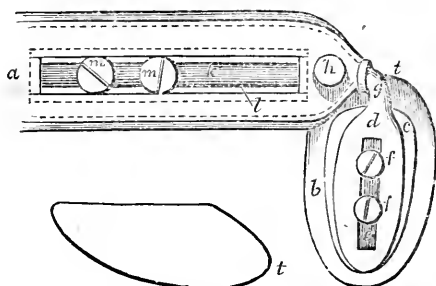


FIG. 11.—A longitudinal section of the femoral block.

FIG. 10.—The letters from *a* to *h*, inclusive, have the same reference as in fig. 2.

k A window in the anterior extremity of the main spring.

l The iron neck of the block-slide, continued along the main spring for some inches and seen through the window *k*.

m m Two broad-headed screws of the spring-adjustment, securing the flattened extremity of the iron neck to the main spring, and, when loose, permitting it to slide on it.

The comparative rarity of femoral hernia, and the fact that a large proportion of the cases of this class occur in females, have prevented the Committee from receiving testimony upon a sufficient number to form a safe basis for calculation in estimating the value of instruments by practical tests alone; and they feel under the necessity of treating this branch of their subject chiefly as a mechanical question.

Even the anatomy of femoral hernia has not been very well understood until recent times, and this furnishes the only reasonable excuse for the fact that, no truss expressly designed for the treatment of this variety of hernia has ever been strongly pressed upon the attention of the profession. Many trusses have indeed been advertised as applicable to all the forms of hernia—a degree of pretension carrying with it the proofs of its own fallacy—and certain works on surgery contain directions for slight modifications in the form of the pads, the curvature of the springs, and the mode of application of inguinal trusses, to adapt these instruments to cases of femoral hernia; but your Committee cannot recall any apparatus entitled to the name of a femoral truss (the invention of Dr. Hood being not a truss, but simply a block intended to be added to the spring of one of the common trusses under certain circumstances), prior to the construction of the instrument of Dr. Chase, which is now under examination.

It is proper to recall the attention of the Society to a peculiarity already pointed out as common to all the trusses previously in use, and to the femoral block of Dr. Hood. The pad or block invariably covered not only the site of hernial tumor, but also a portion, and generally a considerable portion, of Poupart's ligament. The pads or blocks which act in the manner above described cannot effect any great certainty of retention unless the ligaments be made to yield, and the neck of the hernial sac become pressed against the pubic bone with considerable firmness. In the opinion of your Committee, the degree of pressure required to accomplish this purpose would exceed the power of any

truss spring, and the capacity of endurance possessed by the patient, or that of the parts acted upon by the instrument.

All the instruments employed prior to the invention of Mr. Stagner are liable to another objection. They press upon so large a surface, that when employed in femoral hernia, they are necessarily liable to displacement in the extensive motions of the thigh.

When the Committee view these remarks, in connection with the fact that they have met with no detailed and satisfactory records of the radical cure of femoral hernia, by instruments, prior to the year 1825, they are strongly induced to conclude that no truss employed before the invention of Dr. Chase was capable of securing and maintaining that perfect retention of the last portion of the bowel beneath Poupart's ligament, which, by the hypothesis adopted in this Report, is indispensably necessary to the radical cure of this form of hernia.

It will be naturally asked, why, if the retention has always been imperfect or inconstant, have so many patients, laboring under femoral hernia, been secured for years against strangulation.

The reply does not appear difficult. The older trusses, with soft pads, when arranged with great care, were quite capable of closing all that part of the hernial sac which lay below Poupart's ligament; and if, during exertion, or unusual flexion of the thigh, a small portion of intestine was accidentally protruded into the sac, the pressure of the pad must have acted as the best of all modes of taxis, the moment that the exertion ceased or the position of the limb was changed. This action would tend to confine the protrusion almost constantly to the femoral canal, which, being very short and narrow, cannot accommodate a sufficient amount of intestine to produce much danger of strangulation, or to arrest the passage of alvine matter; yet the frequent presence of even minute portions of intestine in the canal, would effectually prevent the contraction of the orifice and destroy the hope of radical cure. The belief that trusses with soft pads do not actually retain femoral hernia, receives additional support from the symptoms of abdominal uneasiness, indigestion, chronic pains, &c., which are usually made a subject of complaint with those who are treated by such instruments both in this kind of hernia and the inguinal varieties; symptoms which speedily disappear in the latter, when the retention is made accurate and constant by the instruments already described.

PROFESSIONAL ANNOYANCES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—There are few of us, who have not cause to complain of a forced tax put upon us in the shape of postage and carriage in receiving pamphlets and letters, which the authors send to us in the way of advertisements to forward their own interests. A wholesale edition of Carpenter's advertising pamphlets are annually paid for by the profession; then comes the catalogue of every medical school in the country, then a report upon hernia which we have already paid postage upon in the public

journals, then every man's private griefs, if he thinks proper to publish a book about them, are sent to us by the mail or the stageman. I have sent this catalogue of annoyances to you, Mr. Editor, in hopes that you will give it publicity and recommend to the selfish perpetrators of them an attention to the Hon. Tom Shuffleton's oft-repeated advice, "Pay the post boy, Maggins."

CRUDEN.

Boston, Dec. 1, 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 6, 1837.

PRICHARD ON INSANITY.*

THE name of Dr. Prichard will at once be recognized by our readers, for his English reputation has preceded his writings in this country. Nevertheless, we are happy to introduce, as far as our humble means will allow, an American edition of his *Treatise on Insanity and other disorders affecting the mind*. It would be presumption in us to pretend to judge of the precise merit of the work: that, indeed, would be a delicate undertaking, and those most conversant with the management of the insane, of all others, would be most careful in giving an opinion. One thing is certain in relation to it, viz., Dr. Prichard is constantly consulted, as high authority. There seems to be nothing extant embodying more essential matter, in a compact, scientific form—nor is there, to our knowledge, a recent publication taking equal rank.

There are twelve chapters, in this work, embracing every known variety of mental affection, methodically arranged and perspicuously and interestingly treated of. There are no new things under the sun in this field of inquiry; but facts are illustrated in a clear and wonderfully distinct light—thereby manifesting to the world that Dr. P. possesses a sane mind himself. There is one excellent quality in the character of this popular author, worthy of imitation, that is, *conciseness*, without poverty of language. That writer is to be envied who possesses the happy talent of saying just enough. When a great Chinese philosopher presented to the emperor a hundred volumes on the duties of a prince, his majesty declared that life was too short to read them, and he, therefore, refused to admit such voluminous wisdom into the royal library; but when informed, shortly after, that a priest of Fou had condensed the whole mass, so that the spirit of the hundred volumes was beautifully stamped upon a fan, the ruler of the celestial empire raised him to the dignity of a choui, or essence of learning, with the privilege of burning gilt paper on the tombs of his ancestors.

This book should certainly be in the hands of all advocates of animal magnetism, on account of the closing observations upon ecstatic visions, cataleptic somnambulism, and the history of animal magnetism generally.

In Boston, the work is on sale at Ticknor's medical bookstore, corner of Washington and School streets.

* A Treatise on Insanity and other disorders affecting the mind. By James Cowles Prichard, M.D. F.R.S., &c. &c. Philadelphia: E. L. Carey & A. Hart, 1837. 8vo. p. 339.

WEEKLY REPORT OF CASES AT THE MARINE HOSPITAL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you the subjoined list of cases which have been treated in this hospital during the week ending the 30th ult. It is my present intention to transmit to you, weekly, a similar statement, should you think it sufficiently interesting to any of your numerous readers.

Yours respectfully,
C. H. STEDMAN.

U. S. Marine Hospital, Dec. 1, 1837.

Abscess of the pleura,	-	1	Fracture of finger,	-	-	1
Asthma,	-	-	Gonorrhœa,	-	-	4
Bronchitis, acute,	-	1	Hæmoptysis,	-	-	1
“ chronic,	-	1	Herpes exedens,	-	-	1
Cachexy,	-	1	Inflammation of lungs,	-	-	1
Carbuncle,	-	1	“ of pleura,	-	-	2
Caries,	-	3	Prolapsus of rectum,	-	-	1
Cataract,	-	1	Psoriasis diffusa,	-	-	1
Consumption,	-	2	Phlegmon,	-	-	1
Contusion,	-	3	Rheumatism, acute,	-	-	1
Chilblains,	-	1	“ chronic,	-	-	5
Deafness,	-	1	Scabies,	-	-	1
Delirium tremens,	-	1	Scrofula,	-	-	1
Diarrhœa, chronic,	-	1	“ with ecthyma,	-	-	1
Dislocation of humerus,	-	2	Scurvy,	-	-	2
“ femur and comp.	-	-	Sprained ankles,	-	-	1
fracture of humerus,	-	1	Stricture of urethra,	-	-	2
Dropsy, anasarca,	-	1	Syphilis, primary,	-	-	3
Dropsy of knee and ankle,	-	1	“ secondary,	-	-	5
Dropsy, with enlarged spleen,	-	1	Ulcers of legs,	-	-	7
Dysentery, chronic,	-	1				
Enteritis, acute,	-	1	Total,	-	-	82
Fever, intermittent,	-	3	Cured,	-	-	9
“ typhus,	-	1	Relieved,	-	-	2
Fistula in perineo,	-	1	Died,	-	-	1
Fracture at elbow,	-	1				
“ of patella,	-	1	Remaining,	-	-	70
“ comp. of femur,	-	1				

Natural Bonesetters.—Perhaps there is not another town or city on the continent more distinguished for indigenous bonesetters, than the good city of Boston. One not well acquainted with the actual condition of the inhabitants, by reading the stereotyped advertisements of the bone-setting trade, would be led to imagine that the whole community had either been fractured from head to foot, were born out of joint, or lived in a state of painful dislocation. At any rate, some of them get prodigiously rubbed in the plastic hands of these bone-mongers—but for what, or why, it is not always easy to ascertain. Although these ignorant pretenders, ill bred, presuming, and acquisitive, to a proverb, are seldom trusted with the management of recently injured limbs, it is not to be denied that they are driving a profitable business. There is an unaccountable charm about them, like the fascination of the serpent, and many

invalids seem to glory in giving their diseased bodies to the keeping of speculators in health, with whom they could not be persuaded to entrust their purses.

Cæsarean Operation.—"On the 22d of July last, a single woman, named Frances Manley, aged 39 years, was admitted into Lambeth poor house, in an advanced state of pregnancy, for the purpose of being passed in the usual way to her parish, Sevenoaks, in Kent. Upon being visited by Mr. Bryant, the parish surgeon, he found it would be a matter of impossibility, from the malformation of the patient, that her accouchment could take place in the ordinary course of nature. A consultation of five surgeons was held, and it was ultimately decided that she should undergo the Cæsarean section. The operation was most skillfully performed by Mr. Bryant, his assistant (Mr. Osborne), and three other surgeons, in three minutes, on Wednesday last. The unfortunate woman went through the dreadful trial with wonderful fortitude, but expired in three hours. The child is a remarkably fine boy. It is alive, and doing well."

Lithotripsy.—The last number of the American Journal contains two articles on this subject, with cases—one by Dr. Randolph, of the Pennsylvania Hospital, and the other by Dr. Nathan R. Smith, of Baltimore. The latter is more candid in his praises of this new operation, than some of its European practitioners, as he confesses there are many cases in which lithotomy is to be preferred to it. The following are his remarks on the subject.

"Queries are often rather absurdly made in regard to the comparative merits of lithotripsy and lithotomy. In regard to most cases of stone, they can be compared with no more propriety than can lithotripsy and amputation. Where the calculus is small and the bladder healthy, no one can hesitate for a moment to pronounce lithotripsy the eligible operation; indeed, in such a case lithotomy is unnecessary, cruel and perilous. But, on the other hand, when the stone is very large and the bladder irritable, it is equally manifest that lithotomy is the only operation which science and humanity can recommend. Cases will, however, occur, in which it will be difficult to decide to which operation preference is to be given.

"To how large a proportion of cases lithotripsy is applicable, the experience of surgeons has not as yet determined. As the operation becomes more generally known and practised, the proportion favorable for lithotripsy will undoubtedly increase, as patients will submit to lithotripsy while the calculus is small.

"Within the last two years there have occurred in my practice in the city of Baltimore, twelve cases of stone. In one half of them I have performed lithotripsy, and in the remainder lithotomy. In one of the latter I attempted lithotripsy, but was compelled to abandon it. These, I believe, are all the cases which have occurred in Baltimore in that time."

Smallpox and Vaccination.—In opposition to the opinion of Mr. Pritchard, as quoted in the Journal a few weeks since, in reference to the protecting power of vaccination after exposure to smallpox, Mr. Allison, of Retford, writes as follows in the London Lancet.

"I have, unfortunately, seen a great many affected with smallpox ; and, speaking generally, *I place confidence in the power of cow-pox to prevent, or to modify, smallpox.*"

"Speaking of *fair* vaccination only, and speaking generally, I should say that I think if I were to inoculate one arm with cowpox, and the other with smallpox, the former would take precedence, and the latter would be *very much* modified. Nay, further ; I think that if I were to inoculate one arm for smallpox, and, in from six to ten days after that* (or as long after natural infection), to inoculate the other arm for cowpox, the same results *even then* would follow. I speak from experiments and observations made before I was in practice on my own account, and many years ago. The only question in my mind is, whether the vaccine lymph can, or cannot, do now what it did twenty years ago ? I think that it is equally efficient. I have seen a person die from smallpox, after having had cowpox ; and I have seen a person die from smallpox, taken naturally, after having been violently affected for some years previously with smallpox, for which he had then been inoculated. These are rare exceptions."

Medical Miscellany.—Gen. Caretto, near Naples, a military commander, has decided that army physicians, abandoning their posts—that is, run from cholera patients, as they have ever since the disease entered the kingdom—shall be considered deserters, tried by court-martials and shot.—Not less than 1000 persons, it is said, were carried off by cholera, in a single night, at Palermo, when the scourge raged at its highest point.—Dr. Simard, of Montreal, has been thrown into prison on account of meddling with government affairs. Dr. O'Callaghan was compelled to leave the Province.—Dr. Sappington, of Baltimore, has been mulcted in the sum of \$5000 for breach of promise of marriage.—Dr. Brevoort is about opening a course of phrenological lectures at Bristol, R. I.—William Walker, of Freeman, Me., has had a pin, measuring two inches and a half in length, extracted from the calf of his leg—the pin was swallowed in 1830. Before it finally left the stomach, and indeed in its whole secret course through the body, the patient suffered dreadfully.—Dr. Lionais, of St. Arbanase, Upper Canada, has been imprisoned for opposition to the government.—Dr. Carr Lane has been elected mayor of the city of St. Louis.—Smallpox is exciting great alarm in the town of Monmouth, Me.—Mr. Wheeler, an oculist, of New York, is acquiring a reputation, but whether a rising or falling one, has not yet been determined.—A few cases of yellow fever were developed at New Orleans after the appearance of frost, which was considered a phenomenon.—The School of Medicine and Surgery at Birmingham, England, has received a donation of 1000*l.*, the interest to be awarded annually to an essay, by a pupil of the institution, "On the attributes of God, as revealed in the Holy Scriptures, and manifested in the structure of man from demonstrations of surgical and medical science, and on religion being the best foundation of medical and surgical practice, and affording the best prospects of professional success."—Dr. Charles Caldwell, of the Louisville Medical Institute, has been elected an honorary member of the Phrenological Society of Paris.—The yellow fever is raging at Bermuda.—In the Frank section of Alexandria, in Egypt, the plague has made terrific havoc.

* Before the constitution was disturbed.

TO CORRESPONDENTS.—A paper on Hot Bathing, with a notice of the report to the French Academy of Medicine on Phthisis, and other communications, will have place soon.

DIED.—By a fall from his horse, Dr. Joseph Kent, formerly Governor of the State of Maryland, and at the time of his decease, a member of the U. S. Senate. —At Newton, Upper Falls, Mass., Dr. Alfred Hosmer, aged 35.

Whole number of deaths in Boston, for the week ending Dec. 2, 44. Males, 17—Females, 27.

Consumption, 7—gangrene of the face, 1—intemperance, 2—scarlatina, 4—throat distemper, 1— inflammation of the liver, 1—by a fall, 1—disease of the brain, 1—inflammation of the brain, 1— inflammation of the lungs, 3—typhus fever, 2—croup, 4—bilious fever, 1—cancer of the stomach, 1—measles, 2—old age, 1—dysentery, 2—spasms, 1—erysipelas, 1—fits, 1—bowel complaint, 1—paralysis, 1—child-bed, 1—palsy, 1—delirium tremens, 1—stillborn, 3.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - - - -	DR. WARE.
On the Principles and Practice of Surgery,	- - - - -	DR. OTIS.
On Anatomy,	- - - - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel with out any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—tf

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

TO MEDICAL STUDENTS.

The undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 19th of February, 1838.

Anatomy and Surgery, by JOSEPH ROBY, M.D., late Demonstrator of Anatomy in the Medical School of Harvard University.

Theory and Practice of Physic, Obstetrics and Medical Jurisprudence, by JAMES M'KEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person, becoming a member of this institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50. The lectures continue three months.

Degrees are conferred at the close of the lecture term in May, and at the following Commencement of the College in September.

Professor M'KEEN, who has been absent during the last year, visiting the hospitals of Great Britain and France, will return to this country before the commencement of the lectures.

P. CLEVELAND, Secretary.

Brunswick, Oct. 1837.

Nov. 8—cop64

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVII.]

WEDNESDAY, DECEMBER 13, 1837.

[NO. 19.]

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.

NO IV.—BY JACOB FULLER, M.D., PROVIDENCE.

(Concluded from page 284.)

“What is the nature and best mode of treatment of DELIRIUM TREMENS?”

Treatment of the second species, or true delirium tremens.—At the commencement, our principal object should be to cure the disease during its first or forming stage. Hence four or five grains of calomel, combined with an equal quantity of Dover's powders, are directed to be taken every two hours, until the calomel acts powerfully upon the bowels, which it will usually do in the course of twelve hours; but if the bowels are unusually costive, and the calomel has no effect upon them, after the lapse of twelve or fifteen hours one drop of croton oil should be given between each dose of calomel, until the bowels are thoroughly wrought upon. The compound powder of ipecac. and opium in the above prescription is combined with the calomel on purpose to retard its cathartic action, and to direct it to the secreting system, for the secretions, especially that of the liver, must be corrected before the disease can be cured. But when the calomel has acted freely as a cathartic, and the dejections contain healthy bile, its further use may generally be suspended. During the exhibition of the calomel, the patient may drink a strong decoction of valerian root, combined with the tincture of camphor, from five to fifty drops, between the doses of the powders, more or less, according to the urgency of the symptoms.

Sometimes, instead of the camphor, we have employed the following compound drops, viz., sp. lavender, i. 3; sp. c.c. i. 3; sp. camphor i. oz.; ll. i. 3; chloric ether i. 3; combine and give a small teaspoonful in the valerian tea between the powders. In cases of great depression of the vis vitæ the comp. drops are preferable to the camphor. With this simple practice in the first stage, we have often removed the disease in the course of three days; but the same course of practice will not always prove equally effectual, though followed from the very commencement of the complaint. Therefore in such cases, the calomel, combined as above directed, or with opium, must still be continued until

a slight ptialism is induced, or until the morbid secretions are changed for healthy ones, and the watchfulness gives place to profound sleep.

We have prescribed for a person who for the last fifteen years has annually been attacked with the delirium tremens four or five times, and who has been effectually cured in the course of three or four days by the above treatment. After the bowels were moved by the calomel, he has sometimes taken pills composed of opium, soap and camphor, in equal parts (instead of the camphor or compound drops), which has never failed to induce sleep.

In the first stage we have sometimes exhibited laudanum in the dose of 25 drops every two hours, combined with effervescing draughts, and either camphor, ammonia, or assafœtida, interposed between the drops, without employing calomel at the same time; but have never found this practice so effectual as that with the calomel; and here we may observe that whatever cathartic is given in this disease, it will prove much more effectual in combination with stimulant aromatics, or with hyoseyamus, datura stramonium, &c.; and, next to calomel, the warming stomachic cathartics are the most effectual.

In some cases of old inebriates, with broken-down constitutions, we have occasionally employed, with the best effect, their accustomed stimulants, disguised, however, in order to prevent an excessive use after health shall have been restored. Say brandy or rum one pint, gum camphor from two to four dr.; combine and give one table-spoonful every two hours in valerian, ginger or pepper tea. In some particular patients, this practice will prove more effectual than the more diffusible stimuli. Nor should cathartics be omitted when this remedy is employed, for in all the cases which we have seen, purgatives were indicated, in order to remove the vitiated secretions from the primæ viæ, whether the bowels were constipated or relaxed; and, we repeat, that from accurate observation and long experience, calomel, given in combination with the pulv. Doveri, or some other anodyne or antispasmodic, is of all other cathartics the most effectual in removing the morbid accumulations, and in restoring the healthy secretions. Furthermore, we have observed the mental hallucinations and illusions to abate in proportion to the removal of the vitiated substances from the bowels, and the pitch-like bile from the gall bladder and hepatic ducts, and that sleep would soon follow their evacuation without the employment of excessive doses of opium. And we further add, that let the subsequent treatment be what it may, calomel, in our opinion, should always precede the use of other remedies, and then it will seldom or never be necessary to continue its use until it produces ptialism.

During the use of either the opium or the camphorated brandy, the head should be kept constantly wet with cold vinegar and water, and occasionally, when the head is quite hot, cold water from the spout of a tea kettle elevated to a considerable height, may be poured upon it; and when the skin is also very hot, either the cold shower bath, or bathing in the river, may be successfully employed.

We once attended a patient who had not slept for a week; the pupils of his eyes were extremely dilated, and he fancied he saw millions of

lice creeping over his whole body and through his hair; consequently he kept continually combing his head and brushing his clothes, as much as his trembling hands would permit, in order to free himself from the lice. But they re-appeared faster than he could brush them off, and became so annoying that (though in the month of March and the weather cold) we persuaded him to throw off his dress and to go into the river and wash them off. Accordingly he went into the river at a proper depth, and plunged under the water. When he came up to the surface, he carefully examined himself, and observed that nearly all the lice were washed off. We persuaded him to dive again, and this time he said every louse had disappeared; therefore he was wiped dry and clothed, when he walked about a mile before he reached home, and in the mean time he became covered with a warm perspiration, and soon after reaching his house he became drowsy and went to bed, and slept most profoundly for nearly twenty-four hours. When he awoke he was rational and perfectly free from disease. This man's propensity for the intemperate use of spirituous liquors was afterwards perfectly removed by combining one drachm of tartarized antimony in solution with every quart of spirits with which he furnished himself, first observing to him, that a continued free use of stimulants would eventually cause a vomiting, which would soon destroy his life, unless he refrained from further use. His wife kept the secret, and combined the remedy with his favorite drink, until all kinds of spirits, and even wine (for he tried them all), created such a disgust that the very naming of spirits would nauseate his stomach. He then informed us that he was satisfied he was near death, for the very drink which formerly made him feel well and cured all indisposition, now made him sick. We prescribed Huxham's compound tincture of bark, and pills of soap, camphor and opium, which were continued two or three weeks, and his health was at last perfectly restored. For many years he has remained a temperate man, and has enjoyed the "*mens sana in corpora sano.*" This application of the tartarized antimony, if judiciously employed, would, we think, cure the vitiated taste, and create such a disgust, that very uniformly the pernicious habit would be relinquished and temperance be the result. A dislike to spirituous liquors may also be created by giving bitter tinctures, combined with the sulphuric acid.

But to return from this digression. Another patient, laboring under delirium tremens, thought that he had swallowed a horse hair, which, in his opinion, had become alive and grew to such enormous length that he could not entirely remove it by pulling, hand over hand, for hours and days; but a barrel of water thrown, from some considerable height, on his head and body, soon dissipated the illusion. Previously to the use of the cold bath, calomel had been prescribed in both of the above cases; but where the liver is not much disordered, the cold bath, alone, without a particle of calomel, opium, or other medicines, will soon induce sleep and cure the disease.

The general remedial measures are very much assisted by the employment of blisters. They may be applied either to the nape of the neck and occiput, or to the region of the liver or stomach; they in either

case act as counter irritants, and, when employed over the liver, excite that organ to a healthy action.

In the second stage, if the patient has not been previously seen, or if this stage supervene, notwithstanding the remedial measures already employed, the treatment should be commenced with calomel, combined with narcotics and cordials, or with powdered capsicum, camphor, ammonia, or laudanum, and continued until it procure copious dark-green, and offensive stools; and if the bowels are unusually torpid, and are not wrought upon by the calomel in the course of twenty-four hours, its action should be promoted by warm stimulant, aperient draughts and carminative injections, combined with assafœtida and spirits of turpentine, or one drop of the croton oil between each dose of the calomel. These remedies should be continued until the bowels are thoroughly emptied, when the calomel and other laxatives may be omitted, and the opium, either alone or in combination with some one of the diffusible stimulants, such as ether, camphor, ammonia, assafœtida, camphorated brandy, given at short intervals, to support the vis vitæ. But in this stage of the disease, opium is our sheet anchor, and must be given in doses sufficient to procure sleep; for, as Dr. Coates observes, "the patient must *sleep or die*. There is no alternative. Yet the physician should personally watch the effect of very large doses of opium." In the case of a stage actor, he gave powdered opium in doses of six grains every hour, until 45 grains were exhibited before it procured full sleep. Next morning the patient awoke perfectly rational. Afterwards smaller doses were given, and the patient completely recovered. Another patient recovered by the administration of four hundred drops of laudanum in five hours. Hence, the doctor concludes, that, "to produce any impression, of whatever kind, during the disease, opium must be given in doses enormously increased beyond those which are requisite for ordinary purposes. Five or six grains alone, are, in a case of any severity, absolutely a nullity—they will not drive away a single spectre. The successful amount, with me, has generally been from twelve to twenty-eight or thirty grains; but, in an honest judgment, I can assign to it no limit." "*I have never seen, read of, or heard of, an instance in which it was productive of any harm.*" "The only rule by which I would be, and have always been, guided, is the following. A certain effect is to be produced, and we must go on exhibiting opium in moderate doses, at such short intervals as are sufficient to permit its accumulation in the primæ viæ, until enough has been taken to produce sleep. I have generally given it every hour; but when sleep appears actually approaching, a somewhat longer interval may be allowed to ascertain the fact, without much hazard of defeating the plan of cure. If the case be a slight one, I leave doses amounting to five or six grains with the attendants, directing them to proceed with it, either until sleep is produced, or the medicine has all been taken. Upon the failure of one trial like this, a much larger amount must be employed; and where considerable doses are given at every time, it is indispensably necessary that the physician should superintend their effects himself, visiting the patient after every fresh administration, and watching for any disposition

to drowsiness. When this has not yet appeared, there is not the least danger to be apprehended; as we believe it may be safely denied that there is a case on record in which any injury was sustained."

Now this is the practice of Dr. Coates; but we confess that we have never employed opium in such quantities as he recommends, nor have we ever found it necessary, for if the cold effusions or cold bath be applied to the head, and occasionally to the whole body, during the employment of the opium, a much less quantity of the drug will be required to produce sleep; and, therefore, from one to two or three grains every one, two, three, or four hours, according to circumstances, combined with the stimulants above mentioned, will generally be sufficient to procure sleep in the course of twenty-four hours, especially if the calomel cathartic has preceded its employment. We cannot divest ourselves of the fear that thirty grains of opium, given in the course of a few hours, would, in many cases, prove more certainly destructive to life than the disease itself; therefore we should advise, at first, its employment in combination with calomel, and, after the bowels are emptied, to combine its use with other stimulants and the cold water, in one of the varied forms of application already mentioned, and then moderate, instead of excessive doses of opium will be sufficient to the cure. But still opium must be considered as necessary for the cure of delirium tremens, as bark is for intermittents, though we maintain that a much less quantity than usually recommended will be sufficient for the cure, after the morbid colluvies collected in the bowels shall have been removed by the use of calomel, and, we repeat, that the cerebrum is often sympathetically affected in consequence of inflammation and morbid impressions made upon the membranes of the primæ viæ, by their vitiated contents, and hence their removal breaks the first link in the chain of morbid actions.

When, from some particular idiosyncrasy, opium cannot be taken, extract of *datura stramonium*, extract of *cicuta*, henbane, or some other narcotic, may be substituted for it. And here we may add, that in some cases of delirium tremens, where there is a strong determination of blood to the head, and a frequent occurrence of epileptic fits, if the use of opium and other narcotics is persisted in, a fatal termination of the disease is almost sure to follow. In such cases, these remedies must be laid aside, and camphor substituted for them, which may be given in powder, in the dose of from five to twenty grains, every two, three or four hours, according to the strength of the patient and the urgency of the symptoms; but generally five or six grains every two hours is a sufficient dose to control the nervous symptoms and induce sleep. It may be given in a mucilage of gum arabic, or in a syrup or jelly. In these cases it often acts like a charin, by removing the subsultus tendinum, and by quieting the nervous system; by lowering the pulse, and by changing the cold sweat to a warm perspiration; by lessening irritability and by inducing drowsiness, which is eventually followed by a profound and protracted sleep, from which the patient awakes convalescent and rational.

Next to opium, camphor is the best remedy which can be employed

in the cure of delirium tremens, and it will often prove effectual when opium fails to cure, or aggravates the complaint. Therefore, in all cases like those just mentioned, the physician should commence the treatment with the camphor; and also in all those cases in which opium disagrees with the patient, camphor should be immediately substituted for it; even the treatment with opium will be much more effectual in combination with camphor, as already recommended. In the first species of this affection, where there is much increased action, camphor may be employed when opium is inadmissible; and in all those mixed cases which are combined with fever and nervous irritability, camphor is a most sovereign remedy.

It should be constantly kept in mind that the attending fever in this disease originates from irritation, and therefore whatever remedy most allays the irritability of the system, is found the most effectual in removing this fever. Camphor possesses this property in an eminent degree, and, according to our experience, it is a much safer remedy than opium in the hands of those physicians who are not much conversant with the disease, and consequently unable to make those nice distinctions which the opium treatment requires in order to be rendered effectual.

The physician and attendants should control the patient by moral means, without the employment of force or coercive measures, and he should be indulged in all his innocent whims and caprices, especially when they do not lead him to injure either himself or others. In fact, the physician must conduct with much *suaviter in modo*, which will often gain the good will of the patient and render restraint unnecessary.

By the treatment just recommended, some remissions of the disease will usually take place, and a disposition to sleep manifest itself, when the quantity of opium or camphor, whichever is employed, should be decreased, and finally left off when sleep takes place. The sleep is often at first interrupted, and the patient disturbed with frightful dreams; if he awakes, comp. sp. of lavender and sp. of cam. or warm wine, or his accustomed stimulus, should be given, and his mind soothed, when he will often fall into a sound sleep, from which he ought not to be awakened until he arouses of his own accord, which will sometimes be at the end of twelve or twenty-four hours, and then he will be composed and rational, when the stimulants should be gradually withdrawn, and his strength be supported by light and nutritious food. But when the *vis vite* is low, the pulse quick and frequent, and a cold, clammy sweat pervades the whole body, a liberal use of cordial stimulants, with the opium and camphor, or the accustomed stimulus disguised with camphor so as not to be recognized by the patient, must be continued until the system rallies and the usual health is restored, when the stimulants must be gradually withdrawn. In broken-down constitutions, the opium and other restoratives must be much longer continued than is necessary in the young and recent devotees of Bacchus.

Third stage.—If, notwithstanding the remedial measures employed in the second, the third stage shall appear, very little hope may be entertained of recovery, as the nervous influence has become exhausted, and

serous effusions are about to take place. But yet the medicines must be continued, more especially if the patient did not have the benefit of early medication ; and, if not previously done, the hair should be shaved from the occiput, and a blister applied over that part of the nucha. Sinapisms should also be applied to the feet and legs and over the epigastrium, and opium and the other cordials above mentioned, continued, until the patient recovers or gets beyond the power of medicine.

Here we may mention, that in the low state of delirium tremens, the tincture of cantharides has done wonders ; it is one of the best and most powerful stimulants of the *materia medica*, and may be given in the dose of forty or fifty drops every two or three hours, until it produces its specific action on the kidneys, when its use may be suspended until the strangury abates, and then it may be again prescribed, if the patient requires a further use of it. In every case where we have employed the tincture, whenever a strangury was produced, the delirium has ceased and reason returned ; and in the two last stages of this species of the disease, we believe it to be one of the most effectual remedies. Furthermore, we have often employed the tincture in the low stage of typhus fever attended with delirium, and have never found it fail to arouse the dormant powers of the system ; and whenever strangury was produced by its employment, the delirium has uniformly ceased during its continuance, together with the *subsultus tendinum*. If persisted in so as to keep up a moderate strangury, it has uniformly cured the delirium. It may also be regarded as a most valuable remedy in the treatment of the asthenic delirium tremens.

During the course of treatment of this disease, little or no nourishment is required, except that of a liquid kind—such as bread water, sago, arrow root, rice water, or thin gruel, either of which may be combined with the brandy or wine which are prescribed, or with the other stimulants ; and when the patient becomes convalescent, a light and nourishing diet should be given ; also the digestive organs should be restored to their accustomed vigor by the use of tonics, such as bitter, bark, and some one of the preparations of iron, and quinine.

The delirium traumaticum of Dupuytren is that state of the disease which comes on after external injuries, breaking the limbs, amputations, &c., which may be imputed to the former intemperate habits of the patient, and sudden withdrawing of the accustomed stimulants during the cure of the injury. Now this disease may be prevented by allowing the patient a moderate quantity of stimulants during his confinement, and taking care not to reduce him too much by bleeding and other depleting remedies. But when the disease has already come on, it will require the same method of treatment which has been recommended for the second species.

We cannot dismiss this subject without again urging our brethren of the faculty to try the effect of cold water, either by the bath or effusion, in combination with other remedial measures, instead of excessive quantities of opium—especially in the first species, and in the two first stages of the second. And even in the third stage, and in the most asthenic

cases, water, in the form of the warm bath, or the warm effusion, will often induce sleep and be productive of much benefit to the patient.

HOT BATHING, &c.

[Communicated for the Boston Medical and Surgical Journal.]

IN consequence of having seen related, in the New York Express of Nov. 4th, a case of insanity produced by Thomsonian medication, I am induced to send you the following remarks on the effects of heat and hot water bathing on the human system. I do not propose to give an elaborate treatise, or treat of baths in general, but to confine my remarks to the effects of those of a temperature greater than that of the human body, or over 98 degrees of Fahrenheit's thermometer. These remarks are not offered because I suppose the profession at all ignorant of such matters, but just to remind the junior members of it in what way some of the mischiefs of Thomsonianism are committed; and should this be well received, I will, as soon as possible, give you my views on lobelia.

The effects of a very hot day on the human system need not be illustrated. A very high temperature, however, in a dry atmosphere, owing to the abstraction of caloric by perspiration, may be endured for a short time. The experiments of Dr. Fordyce, Sir J. Banks, Sir. Ch. Blagden and others, are familiar to all. The japanners of tin, in this place, are in the constant habit of entering their ovens for drying their varnish, when at a very high temperature—frequently so high as to melt the solder with which their manufactures are united. Sir Charles was able to sustain a temperature of 250 degrees Fahrenheit, for eight minutes; at the end of this time his pulse was 144, or double its ordinary frequency, and he felt such an oppression (congestion) in his lungs, with a sense of anxiety, as to induce him to leave the room. The japanners assure me that a few minutes detention in their hot ovens produces oppression in the lungs, difficult breathing and faintness.

But in hot water, either in a liquid or aeriform state, the effect is very different. Here there is no escape of caloric by perspiration, and a temperature only a little above that of the human body can be borne at all without injury, and even this speedily becomes insupportable. Bour-gery, in his treatise on lesser surgery, says, "some few experimenters have tried the effects of *very hot baths* of 45 degrees centigrade thermometer; but besides that the employment of this measure is attended with no beneficial results, experience has demonstrated it to be productive of alarming congestion, particularly of the head." The prejudice of many of the common people in North Haven, where I have recently practised, against hot baths, was so great that they were generally objected to whenever I proposed their use, as, they said, they had often proved fatal in that neighborhood. The vapor bath, in the hands of the steam doctors, has not met with the same opposition, although not less fatal in its consequences.

From much inquiry and research, and some observation, I am led to think that the following are the ordinary consequences of vapor bathing

at a temperature from 98 to 115 degrees Fahrenheit, when continued even for a short time. The operative effects begin with rapid pulse, great relaxation and exhaustion of vital and muscular energy, and consequent congestion in the large cavities of the body, as the chest and head, with difficult and laborious respiration and pain in the head. If it be persevered in, epistaxis, hemoptysis, and menorrhagia, and, if pushed, delirium or insanity, coma, and occasionally death, are the consequences. That there is no exaggeration in this, a little inquiry will satisfy even the most sceptical. But notwithstanding all this, any one, the more ignorant and knavish the better, for the sum of twenty dollars, with the sanction of the U. S. patent law, can dose, steam, parboil, produce hemorrhage, insanity, and death, as he pleases; and if any intelligent and benevolent individual dares to question the propriety of such conduct, he is at once anathematized and branded as a friend to exclusive privileges, an aristocrat, an enemy to human rights and a traitor to his country; and should he be a physician, and so unfortunate as to be called into a family at all accessible to the partisans of Thomsonianism, those friends of good order, equal rights and patent privileges, his character and practice are slandered to his patient, his remedies are denounced as poisons, until all confidence in him be destroyed, and his patient made to believe that all his sufferings are caused by his physician. The potency of steam, lobelia and cayenne are portrayed to him; his physician is dismissed; a steam doctor is sent for, who confirms his suspicions. Such things are truly humiliating to a high-minded man; but if he be a regularly educated and practising physician, he must submit.

One word more on the operative effects of *hot-vapor bathing*, as performed by the *professed steam doctors*. I wish to call the attention of the profession particularly to this subject, for I apprehend that few are aware of the immense mischief that is constantly achieved by this agent alone. Hemorrhage is a common consequence. How often do we hear that such an one was taken with bleeding at the lungs, soon after being "steamed;" that Miss — was taken with flowing in the steam box, &c. Two cases of insanity, produced by "steaming," have come within my knowledge. The first was Theo. Eaton, of North Haven, who came out of the steam box insane, and continued in that state for twenty-four hours. The other case I do not give, as it might wound the feelings of friends if it came to their knowledge. A.

Meriden, Ct., Nov., 1837.

CASE OF TRIPLETS AND OF LOCKED HEADS.

A CASE of this kind occurred in the practice of Dr. Joseph A. Eve, of Augusta, on the 24th of September last.

The woman was a delicate negress, aged about 35 or 40 years. Her health had been bad during the whole period of gestation, and particularly about the time of parturition.

The first birth was very easy and rapid, the child having passed before the doctor's arrival. He found the woman on her knees on the

floor, leaning upon a chair, and the child suspended by the cord. As soon as he had made the ligature on and cut the cord, she was put to bed, and he found, upon examination, the feet of another child presenting. The labor progressed with the second child in this presentation until the body had passed as far as the armpits, when, in consequence of the pains becoming weak, and the fear of strangulation of the cord, the ergot was administered, with the effect of increasing the force of the pains. The next phenomenon worthy of remark was the indication of undue pressure on the brain of the second child, by convulsive contractions of its legs. At the same time the woman complained of severe pain and numbness in her right leg—the same side at which the head of the upper child presented. A farther examination was then instituted to discover the cause of compression, and of the arrest; for the pelvis was unusually large, and the child rather small, though not much below the average size. On this examination the doctor discovered the head of a third child below the superior strait, whilst the head of the second, whose body was delivered, was still above *the same strait*, constituting a case of locked heads. His first attempt was to dislodge the head of the third child; but this was soon found impracticable, for it was immovably fixed below the superior strait. Not approving the plan adopted by some, of delivering the upper child by the forceps, before delivering the head of the lower, he determined to await the delivery of both together, as long as he might think it safe to the mother, and if necessary, ultimately to decapitate the lower child, press the head up from the superior strait, and thus allow the upper one to pass, or assist it with forceps, as circumstances might demand. Whilst awaiting the issue of this plan, he requested a consultation; but before the arrival of another physician, and within little more than an hour after the discovery of the true nature of the difficulty, both heads passed. The superior child made some spasmodic movements after birth, but could not be resuscitated. Both heads were very much indented by the pressure of the other.

Except the injury inflicted by the accident, the children were all well formed, and very little below ordinary size. Two of them were boys. The mother passed her accouchment as well as could be expected under the circumstance of her previous wretched health.

Many cases of difficulty and perplexity in child-bearing arise from the small dimensions of the pelvis; but this was one which may be fairly attributed to too large a pelvis; for had this been of ordinary capacity, the head of the third child could not, with the good developments of both, have engaged the superior strait, with the head of the previous child engaged in it, and the head at or near the superior plane.—*Southern Med. Jour.*

DIERVILLA CANADENSIS.

N. B. PICKETT writes to the editor of the Boston Medical and Surgical Journal to say that a plant in the vicinity of Great Barrington, Mass.

is held in high repute as a *specific* for the erythematic inflammation produced by *Rhus toxicodendron*, *Rhus radicans*, &c. An infusion of the bruised leaves and twigs is applied. The writer also understands that it is used in calculous affections, and is known by the popular name of bush honeysuckle, and is the *Diervilla Canadensis* of Eaton.

We should be pleased to learn the sentiments of Professor Tully and Dr. Hooker, to whom reference is made for information. At the same time we feel it a duty to say, not only from our own observation, but more confidently from the abundant observation and experience of a judicious medical friend, that there is perhaps no disease, the smallpox itself, which is in its periods one of the most uniform of all diseases, not excepted, whose course is more certain to be run, despite of all remedies, than the erythematic or eruptive inflammation which arises from the different species of *Rhus*—that it is uniformly stated in its periods, exacerbating for the three first days, and being well by the termination of the seventh. The fact of its regular termination, as well as its regular period for decline, not being generally observed, renders it probable that many articles have, from time to time, been named as remedies, only from the fact of their having been resorted to during the spontaneous decline, or termination of the disease.

We have often observed, and for a long time believed, that a lotion of strong salt and water, or an alkaline lixiv, seemed to possess the power of gradually modifying and promptly dispelling the inflammation, with its attendant distressing itching, burning and swelling. But the character of the disease being considered, we are left in doubt whether the improvement observed, instead of being in the relation of effect, to the application as cause, is not a mere coincidence.

In order then to deduce the truth as to the remedial virtues of *Diervilla Canadensis*, or any other supposed remedy for this disease, the *period* and peculiar character of the disease should be carefully marked, in connection with the administration of the remedy.

As to "specific" virtues, as understood in medicine—an infallible curative power—we have long doubted whether the term had properly a place in regular medicine.—*Ibid.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 13, 1837.

PROGRESS OF ANIMAL MAGNETISM.*

THAT indefatigable man, who is perseverance personified, M. Poyen, whom we most heartily wish had devoted himself with equal zeal to some other course of study, has pounced upon the community with an unlooked-

* Progress of Animal Magnetism in New England, being a collection of experiments, reports and certificates from the most respectable sources, preceded by a dissertation on the proofs of animal magnetism. By Charles Poyen, St. Sauveur. Boston: Weeks, Jordan & Co. 12mo. p. 112.

for book, entitled the *Progress of Animal Magnetism in New England*. Now the true state of things in relation to this publication is this—viz. it is a re-arrangement of old matter with a new title, plaited and folded in the nicest typographical order, so that it is the easiest thing imaginable to turn to “*proofs of animal magnetism derived from human testimony*,” or to “*animal magnetism in Boston and its vicinity*,” of which there is, to our apprehension, but a precious little. Then follows “*animal magnetism in Providence and vicinity*,” where there has been very extraordinary excitement, and an exhibition of a something called magnetism, not very well understood. Finally, in walks the actress of all work—a young woman who has perambulated the coast, not precisely from Dan to Beersheba, but from the borders of Rhode Island to Boston, and from thence to Salem, sleeping scientifically at all appointed stopping places, as soundly as a boor in church-time, that we, doubtless, might have ocular demonstration of her facility in playing the fool. Other sections, embracing topics intimately connected with the subject, are interwoven in a manner to give effect and finish to the whole.

Accompanying this book is an octavo pamphlet of seventy-two pages, entitled “*A Letter to Col. William L. Stone, of New York, on the facts related in his letter to Dr. Brigham, and a plain refutation of Mr. Durant’s exposition of animal magnetism*,” by the same author; but it has no claim upon us for further notice. The first, the *Progress*, because it purports to be a history of facts, and probably will be appealed to at some future period as a veritable history, we feel bound to notice particularly.

Some weeks since, we made a special jaunt to Providence to witness phenomena with which the welkin was then ringing, and fully intended to repeat the visit, with a view of giving our own personal views, from actual observation, upon animal magnetism; but it has not yet been convenient to go, and consequently we are not prepared to speak with confidence at present. In the mean while, pamphlets have been issued pro and con, till their sale, in the hands of the trade, at least, has yielded a better profit to them than to their sapient authors—for in the sequel we opine it will turn out like the fabled law suit of two cats, which appealed to a monkey to decide which of them had a legal right to a certain oyster. The judge declared that, in the first place, he should take the meat himself, and afterwards divide the shell between the parties.

That this duodecimo of Monsieur Poyen is just what it purports to be, a republication of all the articles which have appeared in journals, the public papers, &c., is true; but whether these are not occasionally overcharged, and the writers, under the workings of an excited imagination, have not deceived themselves, remains to be proved. No one point, so far as this work is concerned, is any better established than when the furor first commenced.

Let it be distinctly understood that we do not discover for ourselves, nor do we intimate, that this champion—possessing more moral honesty, more general erudition, more science, and more of that indomitable spirit which scorns the shafts of ridicule, than almost any other man—is to be branded with the name of hypocrite, knave or impostor. He must have honest intentions, who can openly face an army of opponents, as frequently characterized by vindictiveness as any other quality, and yet oppose no other weapons than those which he denominates facts, and the principles of a sound philosophy. After all, it is possible that he is more grossly deceived, than deceiving.

Those particularly desirous of having all the American animal mag-

netism which has been elaborated up to this date, in a compact form, will find it here. Of the value of the testimony—who can decide when doctors disagree?

College of Pharmacy.—An institution bearing this name appears to be in successful operation in the city of New York. A course of lectures, to continue three months, was commenced on Monday of last week, December 4th. Dr. Jno. H. Griscom fills the chair of Chemistry, and Dr. J. S. Rodgers that of Materia Medica and Pharmacy. Besides the immediate application of these sciences to the daily business of the apothecary, much useful and interesting instruction is imparted. Members of the association, by which is probably to be understood regular druggists and apothecaries, have their apprentices admitted for seven dollars; all others are to pay ten for their tickets.

The skeleton of a similar school is in being somewhere in Boston; but in whose particular keeping, we know not. If an annual course of lectures could be delivered for the exclusive use and behoof of the apprentices of apothecaries in this city, we are sure that great good would result from them. If, however, the times are unfavorable for the organization of a regular system of pharmaceutical instruction, what harm would accrue were that particular class of young men furnished by their masters with tickets of admission to the lectures on chemistry and materia medica at the Mason Street College?

A new Medical Journal.—It is said that a new Medical Journal has recently been projected at New York by an association of young physicians, who feel that it is a reproach to the profession of that great city to be without one in the whole State. Why those which sailed off so gallantly before the breeze of popular opinion, within the last dozen years, were stranded in the early part of their voyage, we know not. Mr. Webster's, which expired about a year since, could not have died of inanition, surely—if it did, there is no hope for another. A notion prevails, to a considerable extent, that medical periodicals are profitable—a mistake which a score of experimenters have found out too late. Rather, however, than discourage enterprise, by citing disasters or detailing items of our own experience, to convince any person having the genuine *caethes scribendi*, that numberless vexations and pecuniary losses must necessarily grow out of the business, it is preferable that the adventurer make a fair trial. We however wish the editor of the new Journal, should it have a being, a generous and sustaining patronage.

Weekly Report of Cases at the Marine Hospital.—In fulfilment of my intention expressed in the last number of your Journal, I send you a list of cases admitted during the week ending the 7th inst. Yours, &c.

U. S. Marine Hospital, Dec. 7, 1837.

C. H. STEDMAN.

Number of patients remaining Dec. 1st, 70. Admitted since :

Bronchitis, acute,	-	-	1	Dysentery,	-	-	-	1
Caries of tibia,	-	-	1	Enteritis,	-	-	-	1
Delirium tremens,	-	-	2	Felon,	-	-	-	1
Diarrhœa, chronic,	-	-	1	Gonorrhœa,	-	-	-	1

Headache, - - -	1	Wound, lacerated, - - -	1
Psoriasis, inveterate, - - -	1		—
Rheumatism, acute, - - -	1	Total, - - -	17
“ chronic, - - -	1	Discharged, { Relieved, - - -	4
Syphilis, primary, - - -	1	{ Cured, - - -	13
Tumor, large cellular, - - -	1		—
Ulcer (20 inches in circumference), - - -	1	Remaining, - - -	70

Troublesome Thomsonism.—A man whose name is Crafts, who, by way of eminence, is reputed to be at the head of the Thomsonian faculty in the city of St. Louis, Missouri, has been arrested and imprisoned on two high charges—viz. for procuring an abortion, and for murdering a Mrs. Lincoln, by the administration of his infallible remedies. The first object was unfortunately accomplished, as appears from the evidence adduced before the grand jury. Although Mrs. L. was enceinte, and far advanced, the fœtus has not been found. The death of Mrs. L. is represented to have been rather a gradual operation, but fatally brought about by his agency. Many important developments may be expected in the course of the trial, which will probably be faithfully reported.

Portrait of Dr. Jackson.—At a meeting of the Trustees of the Massachusetts General Hospital, Dec. 3d, it was voted that Dr. Jackson be requested to sit for a portrait, to some artist of distinction, to be kept in the hospital, as a memorial of one who has labored long and faithfully in that institution, and contributed, by his personal character and high professional acquirements, to gain for the hospital a reputation which we trust will never wane. If, instead of a portrait, a marble bust were executed, it would be altogether preferable, and a much more enduring monument of a man whom the profession delight to honor.

Weekly Mortality of New York.—The deaths in that city for the week ending Dec. 2d, were one hundred and nine, and yet no particular disease is prevalent. Of these 27 were men, 19 women, 31 boys, and 32 girls. Twenty-five were returned consumption, fourteen convulsions, and three smallpox. Seventy-three were natives of the United States, 21 of Ireland, 7 of England, 1 of Scotland, 1 of France, and 3 of Germany.

Cæsarean Section after Death of the Mother.—This operation was recently performed in England, under very unfavorable circumstances, and without success. The mother had suffered for four months under a chronic affection of the brain, having also vomited during that time most of the food taken into the stomach. She died in convulsions, at the seventh month of pregnancy. A quarter of an hour after death, a motion being felt with the hand over the uterus, the Cæsarean section was made, and the fœtus carefully removed. The heart was acting, and there was pulsation at the umbilical cord. It was immediately introduced into a warm bath, and artificial respiration produced by means of the tracheal pipe. The pulsation continued about twenty minutes, and then ceased; no efforts could restore it.

Cowpox and Measles at the same time, in the same patient.—Eighteen months ago, the following case occurred in our practice. A female infant, 11 months old, was vaccinated on the 20th of February; and on the 24th, there was a healthy and well-formed vesicle, which, however, was rather large for the 4th day. On the following night the child became feverish, thirsty and restless, and the next morning had a palpable morbillous efflorescence, which, by night, was general over its body, with a cough, hoarseness and watery eyes. On the 26th, no areola had yet begun to form around the vesicle, and it had scarcely grown the least from the fifth day. On the 28th, the efflorescence disappeared, but the vesicle remained unchanged. On the 29th it was larger, and a slight areola had begun to appear. The child's health was restored. On the first of March the vesicle was still larger, but the areola had not yet increased, and no appearance of scabbing existed. Circumstances prevented our seeing the patient again. The measles were more or less prevalent in the city at the time, but the child was not known to have been exposed to the contagion. The reader will note, that, in this case, the eruptive fever lasted but a short time before the efflorescence came out, that it was transient, and that the catarrhal symptoms followed it; still we presume the disease to have been measles, modified by the action of the vaccine virus; and that the two contagions exerted on each other, as to their effects, a reciprocal influence.—*Western Med. Jour*

Pure Water.—A writer in the London Lancet, states that the good people of Boston are peculiarly subject to attacks of colica pictonum, or dry belly ache, from the existence of carbonic acid in the water, which, acting upon the leaden pipes, produces carbonate of lead, perhaps the most active form in which that metal proves deleterious to the human system. If this were the only way in which the water of this city proves injurious to health, we would not complain, preferring, as we do, the invasion of an acute disease, manifesting itself by obvious symptoms, to the slow and insidious progress of maladies which fatally undermine the constitution, before we are scarcely aware of their approach.

Medical Miscellany.—Dr. Joseph L. Craft, a Thomsonian of St. Louis, Missouri, has been indicted for murder. If found guilty, instead of being executed with a rope, it is proposed to give him a chance for life by taking three courses of his own medicine.—Smallpox has appeared in the town of Fort Ann, N. Y.—Dr. A. B. Cabanis, who was recently tried at Huntsville, Alabama, for having killed, in self defence, his brother-in-law, has been acquitted.—Dr. John Parker, of Pensacola, has disappeared from home in a manner to lead to fearful apprehensions that his life has been taken.—The last bulletin from Rome states that five new cases of cholera had occurred; ninety, in all, are reported cured. Dr. Deitz, a German, has acquired considerable reputation in the eternal city for his success in cholera. The Roman physicians insist on a sanitary cordon.—Dr. Harvey, of the U. S. Army, is ordered to Baton Rouge, to relieve Dr. R. Clarke, who is to proceed to Fort Brooke, Florida. Assistant Surgeon Heiskell is waiting orders, and Assistant Surgeon Cuyler, ordered to Fort Pike, La.—Dr. Goodrich, who killed a man, at Houston, Texas, has finally got his quietus, having been shot in a violent quarrel.—At Berlin, the cholera is fast abating. From the 2d to the 3d of Oct. there were 21 new cases, and from the 3d to the 4th, 18 and 14 deaths.

TO SUBSCRIBERS.—The following gentlemen are authorized to receive money due for the Boston Medical and Surgical Journal. Subscribers who are indebted are requested to forward the amount due, either to the publisher or to one of these agents:—Mess. Duren & Thatcher, Bangor, Me.; Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, jr. Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Croswell, Esq. P. M. Catskill, N. Y.; S. Freeman, Esq. P. M. Williamstown, N. Y.; Mr. Charles S. Francis, bookseller, Broadway, New York; Mr. W. C. Little, bookseller, Albany, N. Y.; William A. Gillespie, M.D. Ellisville, Louisa County, Va.; Mr. L. Dwelle, Augusta, Ga.; S. Mayfield, M.D. Franklin, Tenn.; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Mess. Hedge & Lyman, Montreal, L. C.; Mr. Joseph Tardif, Quebec, L. C.; Mess. Carey & Hart, booksellers, Philadelphia, Pa.; Mr. Isaac N. Whiting, bookseller, Columbus, Ohio.

Whole number of deaths in Boston, for the week ending Dec. 9, 32. Males, 18.—Females, 14.

Consumption, 3—pleuritis, 1—typhus fever, 2—dysentery, 1—dropsy, 1—erysipelas, 1—inflammation of the lungs, 2—inflammation of the brain, 1—inflammation of the bowels, 1—disease of the brain, 1—apoplexy, 1—dropsy in the chest, 1—infantile, 1—lung fever, 1—cholera infantum, 1—measles, 1—old age, 1—delirium tremens, 1—convulsions, 1—stillborn, 3.

FRENCH MEDICAL, CHEMICAL, MATHEMATICAL, AND OTHER SCIENTIFIC AND MISCELLANEOUS BOOKS, BY AUCTION.

On Saturday, Dec. 16th, at 9 o'clock, at store No. 3, Tudor's Building, near the New Court House, Boston, will commence the sale of a large and very valuable collection of books of the above description, most of them new works or late editions of standard works, and not easy to be obtained in this country.

Catalogues may be had at the office of this Journal, at the office of Whitwell & Seaver, Auctioneers, and at the place of sale. Dec. 13.

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THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - -	DR. WARE.
On the Principles and Practice of Surgery,	- - -	DR. OTIS.
On Anatomy,	- - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel with out any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—tf

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

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JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

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[NO. 20.]

PRACTICAL OBSERVATIONS ON THE EPIDEMIC INFLUENZA,
AS IT APPEARED IN CHELTENHAM, ENG., IN THE BEGINNING OF THE PRESENT YEAR.
BY JAMES M'CABE, M.D., OF CHELTENHAM.

“*Difficile est communia bene dicere.*”—HORACE.

THE observation of the poet, which I have placed at the head of this paper, applies well to the disease of which I am here about to attempt a description. The epidemic influenza which has so recently extended itself throughout the greater part of Europe, having presented, on its first appearance, the symptoms merely of an ordinary cold, it is, perhaps, the more difficult to convey, in terms sufficiently definite, the essential and characteristic distinction, or difference, between an ordinary cold or catarrh, with its accompanying fever, and the late formidable, and too frequently fatal, epidemic.

To this similarity of symptoms, at the beginning of the attack, may, in a great degree, be attributed whatever mortality was occasioned by the influenza. Elderly persons, who, for years, had been accustomed in the winter season to catarrhal affections, disregarded its first attack, and merely had recourse to their accustomed remedies. The remedies used were frequently stimulant, and the public press too generally lent the sanction of pretended authority, and the contagious stimulus of publicity, to the recommendation of dangerous specifics. A teaspoonful of sweet spirits of nitre, and the same quantity of paregoric elixir, was one of these dangerous specifics, ostentatiously paraded in the public papers as an infallible remedy for the cure of the prevailing epidemic; and the physician, when at length consulted, at, perhaps, an advanced stage of the disease, frequently found that such a dose had been taken night after night, until, at length, the inflammation of the lining membrane of the air cells of the lungs, which at first had been, probably, merely catarrhal, increased by this strong stimulant and opiate, had terminated in chronic bronchitis, threatening immediate suffocation, from the effusion of phlegm and mucus, and often of a muco-purulent fluid into the bronchial ramifications.

Another symptom which, in elderly persons, frequently masked the real disease, was lumbago; shooting pains about the back and loins generally accompanied the first accession of the epidemic, and persons who had long been accustomed to such pains, could not be induced to believe that they were different from those of ordinary lumbago. The

only fatal case which happened in my own practice, occurred in this way. A lady, nearly eighty years of age, who had narrowly escaped from the epidemic influenza of 1833, was attacked with pains and stitches about the lumbar region during the prevalence of the late epidemic. Happening to call upon her, I found her ill in bed, with what I foresaw would be a dangerous attack of the influenza, and having brought her, with great difficulty, through the epidemic of 1833, I apprised her of the necessity of having immediate recourse to remedies. This advice she refused to comply with, asserting her conviction that it was not the influenza, but lumbago, with which she was attacked, and stating that she had already applied a belladonna plaster to her back, which, in such attacks, she had always found an infallible remedy. I heard no more of her for the following six or seven days, when I was summoned to attend her; but it was now too late. The lungs were engorged with a muco-purulent matter, which impeded the circulation and respiration, and which she had not the power to expectorate. The distressing rôle increased, the sensorium became affected, and she died on the fourth day after I had been called into attendance, and, probably, the eleventh or twelfth from the first attack of the epidemic.

A circumstance of some practical importance attended this case, with which the patient made me acquainted a day or two before its fatal termination. During her attack of influenza, in the epidemic of 1833, the expectoration was most profuse, and became of a muco-purulent nature towards the termination of the disease; after the accompanying fever had entirely ceased, the same sort of discharge took place from the mucous membrane of the intestines. Finding her greatly weakened by, and in danger of sinking under, these discharges, I ordered her port-wine negus. This remedy acted most beneficially, almost instantaneously checking the expectoration and intestinal discharges. Recollecting this circumstance, the patient told me that she had of herself tried the same remedy, almost at the beginning of her late and fatal attack, but that, instead of deriving any benefit from it, her fever had been greatly increased, and her breathing rendered still more difficult. This circumstance shows the impropriety of having recourse to stimulating remedies in the early stages of the influenza, and the injurious effects that may probably have resulted to the public by the prescriptions recommended through the public press; for a small quantity of warm port-wine negus is by no means so powerful or so dangerous a stimulant as paregoric elixir and nitrous ether in the early stages of bronchial inflammation.

The first manifestation of an attack of the epidemic influenza was seen in its effects on the pulmonary apparatus, and the cavities about the face and fauces which are ordinarily affected by catarrhal discharges. A fever of a very peculiar nature generally accompanied this attack. The peculiarity of the fever consisted in a nervous restlessness and watchfulness, which accompanied its first accession, together with an anxiety and apprehension which in general appeared to exceed the importance or apparent danger of the attack. The discharge from the mucous membrane of the nose, and cavities about the face and fauces,

was different from the thin catarrhal discharges which ordinarily accompany a common cold ; it was thick, yellow, and, in some instances, white, as if the albuminous part of the blood was secreted from the mucous surfaces, lining the cavities about the face ; and the same kind of secretion, extending into the bronchial ramifications of the lungs, gave to the expectoration, which, in most instances, was profuse, the appearance of a muco-purulent discharge, particularly in the mornings, when thickened and condensed by having remained for some time in the bronchial ramifications.

With regard to the description of persons most liable to the influenza, it appeared to attack all indiscriminately ; the very young and the very old, and such as were otherwise infirm, as might be expected, suffered the most severely. It was among such only, in Cheltenham at least, that any fatal cases occurred. The disease generally attacked all the members of a family, either simultaneously or in rapid succession. This circumstance led many to the opinion, that the influenza was propagated by personal contagion. But the rapidity with which it attacked not only the population of towns, but the whole community, is scarcely reconcileable with that opinion. Various statistical circumstances, in towns and districts of country, may hasten or retard the development of a disease arising from atmospheric causes, so that some appearance of succession may be observed in its progress in different localities, and various degrees of susceptibility to the impressions of the disease may exist in different individuals, which may occasion a succession in its attacks even in the same locality. The general characteristics, however, of an epidemic, that is, of a disease which seizes at once, or nearly so, upon whole communities, seemed rather to belong to the influenza, than those of a disease arising from personal contagion, and afterwards spreading by the slow and successive progress of contagious propagation.

With respect to the treatment of the influenza, it varied, of course, according to the circumstances attending each individual case ; such as the habit of body and previous state of health of the party attacked ; the periods at which the physician was first called in, and the functional or organic derangements with which the affection of the chest might have been complicated. In most cases the affection of the chest was complicated, either at its commencement or during its progress, with derangement of the biliary system ; and some cases were accompanied by actual jaundice, attended with excruciating pain in the region of the gall bladder, leading to the suspicion of the presence of gall stones. In such complications, small doses of calomel and James's powder, with warm baths or fomentations to the region of the liver, together with mild aperients, were found to be most successful remedies.

The fever which accompanied the influenza seldom required general bloodletting ; but the difficulty of breathing often required local depletion, by the application of leeches to the chest. I was called, much about the same time, to two ladies who were attacked by the epidemic ; they were both of full habits of body, and both in the prime of life. In both cases there was great difficulty of breathing, and high fever. In one of these cases I immediately directed the application of a dozen

leeches to the chest, besides giving, internally, James's powder and the extract of hyosciamus, with nitrous and mucilaginous drinks. As the other lady happened to be then very near the period of her accouchment, I hesitated about ordering the leeches, and at first confined the treatment to general remedies. On visiting both patients next morning, I found so great an improvement in the case in which the leeches had been applied, and found that the other patient had passed so restless a night, that I immediately directed the leeches to be applied, which, in this case, also, produced immediate relief; and in both were followed by a speedy and perfect recovery.

In the case of an infant, also, about six months old, to which I was called in consultation, the application of a few leeches was attended with the greatest benefit; indeed there was every reason to believe that the life of the little patient was saved by that remedy. When I was first called in to see the child, it was black in the face and gasping for breath, the power of respiration, and also of deglutition, being almost entirely suspended: and such was the state of prostration to which it was reduced that I had some difficulty in persuading the medical attendant to try the effect of leeches, lest the child should expire during their application. By stating, however, my opinion strongly that nothing else but taking away blood from the engorged vessels about the throat, by the application of leeches, afforded the slightest chance of recovery, it was agreed to, and two leeches were applied immediately, one on each side of the trachea; the laborious heavings and efforts which accompanied the respiration, occasioned the leeches to bleed profusely; the little patient was quickly relieved; it subsequently recovered, and is now a healthy child.

The fever and bronchial inflammation, or irritation accompanying the influenza, having been reduced by leeches, mild aperients, James's powder, and nitrous and mucilaginous drinks, some diffusible stimuli became useful, and, perhaps, necessary; for in cases in which the patient had been kept long on the antiphlogistic plan of treatment, the disease sometimes put on a typhoid character. At this stage of the influenza the following mixture was found highly beneficial: R. Almond and camphor mixture, of each three ounces; tincture of hyosciamus, and spirit of nitrous ether, of each one drachm; Battley's sedative opium, twenty drops; syrup of balsam of Tol., half a drachm. Two large spoonfuls three or four times a day.

The above mixture generally afforded sufficient stimulation to obviate the typhus tendency, and, at the same time, relieved the distressing cough which, at this stage of the disease, often harassed the patient. Light broths might now be allowed, and where care was taken to prevent a relapse, the patients in general rapidly recovered.

In conclusion, the influenza of 1837 could not, abstractedly, be considered a very formidable disease, and patients, generally speaking, recovered from the severer symptoms in a very short time; relapses, however, were frequent, and when we consider how extensively the epidemic prevailed throughout the country, there is reason to fear that,

as one of its many and complicated consequences, it has entailed upon the community an increased disposition to pulmonary diseases.

VERMINOUS IRRITATION AS SIMULATING OTHER DISEASES.

BY WM. MARKLEY LEE, M.D., OF INDIANTOWN, S. C.

INTESTINAL worms are often improperly supposed to excite fever in the human subject; for every experienced physician can recall instances in which worms have been discharged, and in which the friends of the patient have in consequence ascribed the febrile symptoms to verminous irritation, whereas their discharge was rather a consequence, than a cause of fever.

I have often been astonished, however, that so few instances have been recorded in medical periodicals, of worms as causing the symptoms of other diseases. They may, and I am convinced frequently do, irritate certain nerves, and produce symptoms which are never attributed to their influence. To demonstrate this position, I will describe certain cases which have occurred in my own practice, to all appearances totally disconnected with worms, but which were promptly cured by anthelmintics.

Sciatica.—Soon after I commenced the practice of my profession in Charleston, I was requested to attend a lad about nine years of age, laboring under sciatica. Blistering and the remedies usually employed, were tried in vain for several days. At one of my visits, when at a loss what next to prescribe, his mother informed me that he ground his teeth frequently in his sleep; this led me to suspect verminous irritation; I therefore sent him anthelmintic medicine, composed of calomel and spigelia, and at my next visit I was truly gratified to see him walking about the house, free from all pain except the irritation of the blister. I was informed, that immediately after he had discharged a number of lumbrici, the rheumatic symptoms vanished. He was from that time restored to perfect health.

Phthisis Pulmonalis.—I was soon after requested to visit a young married woman, whose case was marked by symptoms of the above disease—cough so incessant as to prevent sleep, and was exhausting her strength; remedies usually exhibited in such cases, here failed to afford relief, until one day she mentioned some symptoms which led me to suspect verminous irritation. After the exhibition of the anthelmintic already mentioned, in the space of forty hours she discharged an equal number of lumbrici, and the symptoms of pulmonary disease were relieved promptly and permanently.

Paraplegia.—I was called during the last summer to a young girl about eleven years of age, sick with bilious remittent fever; she had been bled and purged without material benefit; the febrile excitement was moderate, but in addition to considerable pain and soreness about the præcordia, there was a remarkable loss of power over the lower extremities, amounting even to inability to turn in bed without assistance.

A careful examination of the spinal column presented no symptom of local inflammation. In reply to my interrogatories, I was assured that she had received no blow, or injury of the spine, but that the symptoms of paraplegia supervened at the same time with the fever. Her friends united in stating that she frequently ground her teeth during sleep. A blister to the epigastrium was directed; and as I had never seen nor read of a similar case from verminous irritation, my treatment was adapted both to fever and worms: R. Nit. potass. $\mathfrak{z}i.$; cal., ipecac. and camphor, \mathfrak{aa} \mathfrak{ss} . M. Of this compound, a frequent prescription of mine, in bilious remittent, I directed eight grains every three hours during the paroxysm, and that \mathfrak{ss} . calomel be combined with the first dose. I was in hopes, from the well-established efficacy of this preparation of mercury, and the success which is reported to attend the exhibition of camphor in Italian practice, that if this form of paraplegia was caused by worms, relief would be promptly obtained. A dose of ol. ricini and sp. terebinthinæ was also directed to be administered the succeeding morning. At my next visit I ascertained that she had discharged a large number of worms, and was enabled to walk about. She soon recovered.

Such facts I consider interesting and important, and have been astonished that they have excited so little attention from the profession. Have I erred in attributing these cases to verminous irritation? In the two former, the treatment usually instituted had failed to produce the results expected, and it was not until worms had been evacuated, that relief was obtained.

I trust this hasty article may elicit the experience of my medical brethren on this point.

In conclusion, I will describe a case which came under my care while assistant physician of the (Charleston) Dispensary, in 1828. I was called to an elderly woman who for several years had been troubled with tænia; several eminent physicians, in succession, had dislodged a portion of the worm; but in the course of a few months medical aid was again required—for as the head of the tænia had not been discharged, new joints had been regenerated and morbid symptoms renewed—the exhibition of calomel and gamboge, followed by ol. ricini and sp. terebinth. in a few hours caused the discharge of a tænia about four feet in length. Attributing the recurrence of the disease to an atony of the alimentary canal, after the exhibition of alkalies for the purpose of removing the tenacious mucus from the mouths of the absorbents, I prescribed the solution of the acet. of iron, formed by digesting the carbonate of iron in strong vinegar, to be taken in doses of a teaspoonful thrice a day. But a short time was necessary to demonstrate its efficacy, for her health improved rapidly. By my directions, she persisted in the use of the remedy for several weeks. After all former attacks, a year had never elapsed without a renewal of the symptoms. Fully three years after, I again saw her, when she stated that she had never since perceived any symptoms of the worm.

A few months since, I attended a young negro, from whom, in the space of a week, I succeeded in dislodging more than seventy lumbrici.

The same tonic (acet. iron) was prescribed for him ; and at the present time, his master has not a more healthy young negro.

These latter cases, although not strictly connected with the above article, are adduced to show the expediency and necessity of following up the exhibition of anthelmintics by chalybeates, or other tonics.—*Southern Med. Jour.*

OPIUM IN RHEUMATISM—FURTHER EVIDENCE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—For some months past, opium, as a remedy in rheumatism, has frequently been referred to and commented upon, in your valuable periodical. Too much has already been said about it, if it is not a remedy ; and if it is, it will not be a misemployment of time to say more. Having myself, in two previous communications, spoken favorably of it, I shall still speak of it as a useful medicine in this disorder.

I was induced to make these remarks, from having seen, in your paper, the observations of a writer who signs himself A. H., of Cheraw, S. C. He states that opium as a remedy has long been known to him, but expresses a doubt whether it is a real remedy, or calculated to produce a radical cure, and asks the question, I should think sarcastically, whether it will cure a case of fifteen years' standing ?

In regard to this question, I will reply by asking him whether any disorder of fifteen years' standing is often totally and radically cured ? It is well known that the longer the human system has been subjected to disease, the harder it is to counteract the morbid tendency, until disease has so interwoven itself with all its actions that it becomes constitutional, and it is impossible to restore it to a healthy state. It would be as easy to restore life to the dead or decaying limb of a tree, as health to a person who has been sick such a length of time. I should almost as soon think of restoring a leg or an arm, when either of these had been amputated, as effecting a cure when a person had been laboring under disease for fifteen years. Quacks and bragadocios may pretend to do it, but a physician who wishes to establish a reputation upon something more than mere pretence, would detest the idea of so base a fraud.

Respecting opium as a remedy in other, or recent cases, it is like all other generally attested remedies. Under favorable circumstances it will cure, and under unfavorable ones it will be likely to fail. Like other remedies, too, it requires the assistance of medicine possessed of other attributes. We have but few specifics, or medicines, which will always cure ; and we have but few single remedies that will effect much without the aid of collateral means. In cases where there is a high inflammatory diathesis, venesection is necessary. When the stomach and bowels are in an improper condition, these should be operated upon. When the secerning system is in fault, this should be looked to with the most scrupulous attention. It is not one set of vessels alone,

or a single viscus, that requires the care of the physician, but everything belonging to the human frame. Though opium may sometimes do good without being conjoined with something else, yet its judicious combination with some other medicine is what renders it so useful, not only in rheumatism, but in many other disorders. To give opium alone, is like taking a dead lift at a heavy body. To give it united with its appropriate adjuncts, is like adding the lever or windlass to what is too heavy to lift by main strength. There is a variety of diaphoretic and nauseating medicines which should be made use of when opium is to be resorted to. Cathartics, judiciously selected, are oftentimes required. When due attention to what is here suggested, is observed, opium is a most desirable and valuable medicine in rheumatism, or there is a most palpable fallacy in appearances, and the physician can assure himself of the beneficial effect of no remedy. There is no fallacy, however, in regard to this. Opium is designed to do, and when properly administered does, something more than "*deaden pain*." Were this its only effect, it ought not to be *despised* in so distressing a disorder. But it does something besides this, not only in rheumatism, but in a long list of disorders that could be mentioned; and were the world to be deprived of it, I know of nothing to supply its place, and the healing art would be scarcely worth the name.

SAMUEL FISH.

Boston, Dec. 14, 1837.

INFLUENCE OF CLIMATE ON PHTHISIS.

SUMMARY OF A REPORT MADE TO THE FRENCH ACADEMY OF MEDICINE IN REFERENCE TO THE INFLUENCE OF CLIMATE UPON PHTHISIS.

[Communicated for the Boston Medical and Surgical Journal.]

SOME time during the year 1836, a physician proposed to the French Minister of Commerce, to establish at Algiers a public establishment for the reception of phthysical patients. The Minister consulted the Royal Academy of Medicine, and in consequence of this application a committee was appointed. A report was made by M. Louis, as chairman, in opposition to the plan, and for this reason, viz., that there is no *proof* at present that Algiers has a climate more favorable for phthysical patients than any other portion of the world possesses. There is need of statistical data, and in order to gain them, M. Louis proposed the appointment of another committee, whose duty it should be to inform foreign physicians in correspondence with the Academy, of its views in regard to the importance of collecting such data, and to propose to them some general mode of investigation in case they should be willing to send to the Academy any of the results of their observation. This committee's report was accepted Jan. 17, 1837. The following is a summary of it.

The Academy expresses regret that so little is known in reference to the effect of climate upon phthisis. This question can be decided only by data from all quarters of the globe. The Academy, therefore, appeals to physicians of every nation to send to it any facts they may ob-

tain, promising that the honor of collecting such facts shall rest with their authors.

The report then enters into detail as to the mode of procedure. The Academy wishes its correspondents to observe, 1st, the meaning of phthisis. "It is that disease which, with a very few exceptions, causes death by all the degrees of marasmus, and is characterized anatomically by tumors in the parenchyma of the lungs, generally rounded, of a yellow color, homogeneous, dull aspect, firm, difficult to crush at first, softening after a space of time, and causing cavities." Not merely the lungs, but all the other organs are to be examined carefully. The importance of fixing exactly the time of commencement of the disease, by *repeated questions*, is urged. Three tables are proposed, in order to have some uniformity in the returns to the Academy.

PHTHISIS.

TABLE I.*

ANATOMY.

No.	Age.	Sex.	Temperament.	Form of Body.	Lungs.	Epiglottis.	Larynx.	Trachea.	Œsophagus.	Small Intestine.	Liver.

PHTHISIS.

TABLE II.

SYMPTOMS.

No.	Age.	Sex.	Temperament.	Form of Body.	Profession.	Food.	Excesses of any kind.	Time of Commencement.	First Symptoms	Symptoms at Time of Examination.	Course of Disease.	Curative Means	Lungs.	Epiglottis.	Larynx.	Trachea.	Œsophagus.	Small Intestine.	Liver.

TABLE III.

CLIMATE.

Longitude.	Latitude.	Mountains.	Forests.	Soil.	Rivers.	Rains.	Moisture.	Mean Temperature.	Habitation.	Wines.	Sudden Changes of Temperature.

* It will be seen that all these tables are insufficient for the report of every detail of importance. I presume they are intended merely as models, and that other diseases may be added if necessary.

Is not this subject of sufficient importance to be attended to by the physicians of our country? There are very many hospitals in which great opportunities are afforded of studying disease. Will none of the physicians in attendance upon these institutions respond to the call?

Boston, Dec., 1837.

H. I. B.

NEW EXPERIMENTS ON THE SENSE OF TASTE IN MAN.

IN 1830, MM. Guyot and Admirault published a series of experiments on the seat of taste in man, from which they drew the two following conclusions :

1. The lips, the inner part of the cheeks, the roof of the mouth,

pharynx, velum palati, dorsal and inferior surfaces of the tongue, have no share in the production of taste.

2. The sense of taste exists only at the posterior part of the tongue ; along its edges for about a line or two towards the dorsal surface ; at the point of the tongue ; and, finally, at a restricted point of the velum palati, situate very nearly at the centre of its anterior surface.

In a second memoir, lately published by the same authors, an additional number of experiments has been recorded, together with a solution of the following questions :—

1. Do the gustatory surfaces perceive, with an equal degree of intensity, throughout their whole extent ?—No. Taste is much stronger at the base of the tongue, and along its edges the gustatory power goes on increasing from the pillars of the velum palati up to the tip of the tongue, where it is at a maximum.

2. Do the gustatory surfaces perceive indifferently all kinds of savors ?—Certain bodies, such as milk, butter, oil, and especially alimentary substances, only produce an impression of tact, at the anterior part, their characteristic tastes being only distinguished at the posterior part of the tongue.

3. Does a sapid body produce an identical taste when applied to different regions of the tongue ?—A great number of bodies, and salt in particular, exhibit this very remarkable phenomenon, that the sensations which they produce at the anterior and posterior parts of the tongue are extremely different. Thus, solid acetate of potass, which, at the anterior part of the tongue produces a burning acid sensation, is merely bitter and nauseous when applied to the posterior surface, upon which it produces no acid nor stimulating impression. Sulphate of magnesia, slightly acid and saltish in front, becomes intensely bitter at the root of the tongue. Acetate of lead produces only a sweet taste at the posterior part ; anteriorly it is styptic, fresh, and stimulant. The alkalies, the water of lime, and of ammonia, produce only one taste, no matter where they may be applied.

From the very numerous experiments which M. Guyot has performed, both on himself and on other individuals, he concludes—

1. That taste is a physical and not a chemical sense ; that it is connected with the nature of bodies, and not with their densities, their temperature, or their consistence. In this respect it differs very considerably from the senses of touch or tact, which are exclusively destined to recognize the physical properties of bodies.

2. That the sense of taste must be exercised by at least two nerves.

Numerous anatomical investigations have led M. Guyot to regard the glosso-pharyngeal nerve as the one which presides over the perception of taste at the base of the tongue, and perhaps at the velum palati ; while the lingual nerve, on the contrary, exercises the sense of taste at the point of the organ.

In this point of view the sense of taste, reacting on the glosso-pharyngeal nerve, probably determines the acts of deglutition and regurgitation. By the communications and terminations of this latter it may act simultaneously on the amygdalæ, provoking their secretions ; on the

glosso-staphyl, which aids in closing the glottis and epiglottis, &c., &c. In the same manner the lingual nerve, receiving sapid impressions at the point of the tongue, may provoke contractions in that organ, and, in a word, harmonize and complete the function.—*Gaz. Med. de Paris.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 20, 1837.

INTRODUCTORY AT WILLOUGHBY MEDICAL COLLEGE.*

AN introductory lecture was delivered at the commencement of the present term, at this institution, by R. Granger, Esq., the President, which merits more than an ordinary notice, on account of its intrinsic excellence. Without knowing anything of the circumstances which determined the faculty to fix upon that gentleman to give a preface to the course of instruction about to be opened, we are free to confess that it rarely falls to our lot to meet with better sentiments, more beautifully expressed, than are to be found in this short, though finely written discourse.

He refers to the time when the awful mysteries of religion, medicine, and law, were professed and taught by the same individual, and speaks of the manner in which the Jewish High Priest sought for the evidences of leprosy. Passing with rapidity over astrological and meteorological medicine, to consider the transcendent advantages of scientific chemistry, the author exhibits an acquaintance with the kindred sciences. Botany seems to have been particularly delightful to him as a study, and the fact is discoverable in the expressive eloquence in which the secret is betrayed.

"Were botany and vegetable physiology of no other importance than to discipline the mind to combine the most minute observation with the most expanded views, it would not be useless; nor can it ever be idle in him who makes the highest of organized beings his study and care, to institute comparisons between them and the lowest in the natural scale. What though plants rooted in earth are deprived of the powers of locomotion; they are composed of the same elements with ourselves, with the doubtful exception of azote. Like us they are furnished with the capacity to select each its own peculiar pabulum, with vessels and organs by which it may be elaborated and distributed. Like animals, they slough their useless parts; and, though they may lack a common sensorium, they at least possess excitability. Those who push comparative anatomy and physiology farthest, are compelled to admit that the line between the animal and vegetable kingdoms is so finely drawn as to be scarcely perceptible. If no other motive could induce a physician's attention to botany, it would at least receive some notice from that pride which impels every truly professional man to make every other branch of learning contribute to the support, illustration and advancement of his own cherished science.

* Introductory Lecture delivered at the Willoughby Medical College of the Willoughby University of Lake Erie, 1837-8, by Ralph Granger, Esq., President.

"The wonderful results of organic action are beautifully and readily exhibited by the examination of a single tree. The mathematical rules of combination seem to be set at naught, by the endless variety in which the few elementary principles of vegetables are made to appear. Who shall enumerate their various dyes, odors and flavors, as countless as dissimilar? Study even a peach. Leave out of view the structure of its stem and leaves, with the functions they perform; and look not at the beauty of its blossom. Take the immature fruit, unsavory to the taste, and clad in the common green livery of vegetation—it is fed by the same sap which might have been converted merely to leaves or wood, yet, by the action of its own system of vessels, with no unusual supply of sunshine or of air, it paints its own cheeks with the richest and daily varying tints—it converts its gum to sugar. The crude juices it receives are partly converted into a pulp, and to fluids of a far different character, wholesome, fragrant, and delicious to the taste. Within this, a bony nut, harder than wood itself, in its turn encloses a kernel, in which the blandest of fixed oils is mingled with the most deadly poison known; and all these phenomena are the results of organic action. Yes, and it will be demonstrated that some substances now called simple, even metals, are but the product of this same action on materials as simple. What a study, then, must the principles of organic action ever remain!"

Had the following paragraph been passed over, the opportunity would have been lost of showing the President's readiness in searching into old things, and his knowledge, too, in historical medicine, brought down to this eventful age.

"To the advantages possessed by the student of the present day, from the improvement of all other branches of natural history, may be added those arising from the safe and rapid intercourse between the most distant and dissimilar countries of the globe—and the improved character of those who visit foreign nations. Descriptions of natural objects, as well as of diseases and their treatment, are now given with scientific accuracy. We read no more of those celebrated races, the description of which, on the authority of travellers, renders ancient works on natural history so amusingly absurd. The Blemneci without heads, with mouth and eyes in the breast—the Himantapodes who crept from incapacity to walk—the Pigmies—the Nisicastes with three or four eyes—the Nigrivæ with a single eye in the forehead; and the Cynamolge with dogs' heads, are none of them now to be found, *adult*, in Ethiopia, though gravely described by ancient authors. Yet to know what the ancients believed, is not to be despised by a physician. Mingled in a mass of absurdities, are some notions uncontradicted, and worthy of consideration. Take, as an example, the following sentence from Pliny. '*A pestilence beginning in the south parts, goeth always to the west.*' That the smallpox originated in southern China or Hindostan, and pursued the path suggested by Pliny, has long been matter of history.

"From travellers we are beginning to trace the destructive progress of a disease, with as much geographical precision, as the devastating march of an army is delineated. Since this present century commenced, the typhus gravior, and the Asiatic cholera, each once, and a fatal influenza twice, have been epidemic; and it is a wonderful fact, that they have all commenced in the southern parts of Asia, and travelled westward, as disease must often have done before Pliny would have obtained the notion."

* * * * *

"It is not for mere curiosity, or to lay by a stock of idle learning, that it is recommended to study the general history of diseases, in connection with the physical structure of the country, and the peculiarities of the climate, and of the habits of the people, where each most prevails; for, in all new forms of disease, the most experienced practitioner, however well he may be satisfied by the indications of the symptoms, of the course probably the best to be pursued, still knows that the first prescriptions can be little else than experiments, unless led to them by analogies drawn from known facts, and not from simple dogmas. As in law, one presumption may be founded on a fact, but one presumption is not allowed to rest on another; so in medicine, one theory may be constructed upon facts, but never upon another theory. An extensive knowledge of facts is therefore of great importance in the treatment of those cases where no direct precedent for practice is given, and where the method of cure must be devised by induction."

Here is a volume of common-sense philosophy compressed into a nutshell, which we cordially wish might be both circulated and appreciated.

"The customs of a country have more influence upon the general state of health, and the practice of medicine, than is usually supposed. It is comparatively easy to acquire a thorough knowledge of the general manner in which health is preserved in other regions, without being able to make that knowledge useful in any eminent degree, where customs differ. With us the skin receives no attention, until it actually becomes diseased. But dry hot baths, or steam baths, with shampooing, friction or flagellation, are used as a preventive of disease, over more than half the globe. In the islands of the Pacific and the South Sea, the nations use cold bathing before meals, and after their meals are shampooed in the manner sometimes practised on dyspeptics. In Sweden, Finland, Russia and Tartary, they bathe habitually in vapor generated by throwing water upon heated stones, in apartments constructed for the purpose; and are lashed with twigs during the operation. The North American savages, not habitually, but for sickness only, bathe in steam raised in the same manner; but instead of flagellation, pursue the more primitive mode of employing the incantations of a priest during the ceremony. The more luxurious orientals use suits of rooms, heated without vapor; where, after friction, various unguents are applied to the whole surface. Such was once the practice of the Romans; but it is a singular fact, that, for some unexplained reason, practices so ancient, and once universal, are now generally discontinued in all civilized portions of Christendom, though of undoubted benefit to health."

The following quotations will be read with interest.

"That the disposition to generalize diseases, and simplify their treatment, without reference to individual or local peculiarities, should in an equal degree lessen the number of remedies employed, is not only a necessary consequence, but, if not carried too far, is a grand desideratum. A catalogue of ancient medicines is by no means the least amusing and curious branch of the study of medicine. One who reads the recipes given, even by Lord Verulam, would scarcely imagine him to have been the father of the only correct method of reasoning for discovery—the inductive method. If the value of a prescription depend on its costliness or rarity, a solution of pearls or aurnum portabile would have been choice medicines; but the days of Mithridate and Bezoar, of Mummy and Ambergris, of gold and pearls, have departed. Though

after the example of Medea, the transfusion of blood and the injection of medical solutions into the bloodvessels may have been resorted to in modern times ; it can be said with pride, that the contents of Medea's cauldron find no rivals in regular practice, though the '*mille aliis postquam sine nomine rebus*' may long find admirers among the vulgar."

* * * * *

"This age looks favorably upon all attempts at improvement in science generally. That there never has been, that there never will be, any want of favor to the medical profession, is sufficiently evinced by the confidence still reposed in unscientific pretenders. The truly learned feels no chagrin at this want of discrimination in others. He knows that those who run after nostrums would, in other countries, with the same blind faith and ignorance, make pilgrimages to kiss consecrated relics. He knows, also, that though occasionally an old prejudice against one mode of practice or another, against one class of remedies or another, is revived, and obtains an ephemeral popularity ; that still the march of public confidence in learning is steadily onward, and exactly in proportion as the mass of community itself becomes enlightened. Sustained by this knowledge, and the delightful consciousness of doing good, and (for the whole world is not ungrateful), occasionally cheered by the tearful gratitude of those whose pains he has alleviated, whose sorrows he has soothed, and perhaps whose lives he has been instrumental in saving, he learns to treat with indifference the vexations and inconveniences with which his path is strewn."

If the corporation give this lecture a liberal circulation, it will do more for the reputation of the Willoughby Medical College than any official measure they can adopt. People delight to honor those to whom honor is due.

Mammoth Magnet.—Dr. William King, electrician, at No. 52 Cornhill, Boston, has nearly completed the largest electro-magnet, probably, in the world. It is made of a bar of iron two and a half inches in diameter, thirteen and a half feet long, bent into the horse-shoe form, and weighs *two hundred and forty-four pounds*. The armature, or keeper, weighs twenty-eight pounds, thrown into the segment of a small circle, in order to meet the two poles of the magnet, which are only seven inches apart. Seven hundred feet of copper wire, one sixteenth of an inch in diameter ; and ten thousand feet, one fortieth of an inch, are wound round the bar, from one extremity to the other. It is impossible, at present, to determine its power, the frame on which it is to rest not yet being finished.

We are persuaded that this will be the most magnificent philosophical instrument ever constructed in America, or, perhaps, in any other country, if successfully charged. Gentlemen, curious in these matters, would derive much satisfaction from an inspection of this extraordinary piece of workmanship, which should be secured, at once, by some of our colleges. Dr. King is an aged man, and would hardly be willing to undertake the manufacture of another of such gigantic proportions.

Thomsonian Conventions.—If half the effort were made by scientific practitioners of medicine throughout the United States, to elevate the profession, that is exerted by those speculating adventurers in the heal-

ing art, who have neither science or literature to recommend them, there would hardly be a single quack from Maine to Georgia. The Thomsons are busily organizing, holding annual conventions, publishing circulars, issuing pamphlets and circulating their successes, and evince a determination to make the world know they are in being, whether any one employs them or not. One of their periodicals, which has an extensive circulation, contains double the number of original reported cases which are found in our pages. But the course they are pursuing is admirable, for it tends to improve them individually; yet unless a counteracting influence is put in motion, there is reason to fear that in the interior of the country they will eventually become the dominant party.

Berkshire Medical Institution Commencement.—The first annual commencement of this institution, under the act of incorporation of April, 1837, took place in Pittsfield on Wednesday, 29th Nov.

The exercises of the day began with the reading of the Inaugural Theses. At 12 o'clock an address was delivered by Dr. Bartlett, on the relative improvement of the sciences and of the human race, and on the influence of the former in ameliorating the condition of the latter. After which the degree of M.D. was conferred upon 21 gentlemen.

The honorary degree of Doctor of Medicine was conferred upon the following gentlemen: Samuel B. Barlow, Florida, Orange County, N. Y. James W. Smith, Rochester, N. Y. Nathaniel Smith, Bennington, Vt. The ceremonies were concluded with an appropriate address to the graduates by Dr. Childs.

At a meeting of the Trustees of the institution, held on the 29th Aug., 1837, the degree of Doctor of Medicine was conferred upon 8 gentlemen.

Medical Miscellany.—Dr. Hart, of New York, has recovered damages of Wood, the singer, to the amount of \$3000, for spitting in his face. This is more than he would have earned in four years, as a reporter to a paper, having abandoned the practice of his profession.—Dr. J. R. Burden has been elected Speaker of the Senate of Pennsylvania.—The city of Boston has contributed \$454,400 to the Massachusetts General Hospital, since its first establishment.—Twelve thousand francs are offered by the government of Lower Canada, for the arrest of Dr. Wolfred Nelson, a patriot.—The number of surgeons in the U. S. Navy has been increased, the past year, from forty-four to fifty, which is not more than half enough.—The cholera had again made its appearance in the Provinces of St. Salvador and Gautamala, Central America, and had been marked with unusual fatality, but on the 1st. of October was declining. In the Provinces of Nicaragua and Honduras, it has made dreadful havoc.—The smallpox has broken out in Eastport, Me.—Dr. Ruschenberger, fleet surgeon in the Peacock, has in press at Philadelphia, the voyage of that vessel round the world.—Dr. Morrison, of Toronto, was taken prisoner by the royalists, in the late tumult in the capital of Upper Canada.—Dr. C. Ticknor, of New York, author of "The Philosophy of Living," has in press a volume of three hundred pages, entitled, "A Popular Treatise on Medical Philosophy, or an exposition of quackery and imposture in medicine."

DIED,—At Philadelphia, Dr. Philip Syng Physic, aged 70, long distinguished for being the first surgeon in America.—At Paris, Dr. D. Franklin Holmes, of Philadelphia.—At Sterling, Geo., Dr. Francis E. K. Miller, aged 24.

TO CORRESPONDENTS.—A history of the Smallpox in Lowell, and a paper on *Lobelia inflata*, are on file for next week.

Whole number of deaths in Boston, for the week ending Dec. 16, 29. Males, 14—Females, 15.

Consumption, 8—convulsions, 1—typhus fever, 2—scarlatina, 1—diphtheria, 1—inflammation of the brain, 1—apoplexy, 2—disease of the heart, 2—inflammation of the lungs, 1—intemperance, 1—teething, 1—child-bed, 1—old age, 1—infantile, 1—fits, 1—stillborn, 1.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	DR. WARE.
On the Principles and Practice of Surgery,	"	DR. OTIS.
On Anatomy,	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 18—11

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 19th of February, 1838. Anatomy and Surgery, by JOSEPH ROBY, M.D., late Demonstrator of Anatomy in the Medical School of Harvard University.

Theory and Practice of Physic, Obstetrics and Medical Jurisprudence, by JAMES M'KEEN, M.D. Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person, becoming a member of this institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50. The lectures continue three months.

Degrees are conferred at the close of the lecture term in May, and at the following Commencement of the College in September.

Professor M'KEEN, who has been absent during the last year, visiting the hospitals of Great Britain and France, will return to this country before the commencement of the lectures.

P. CLEAVELAND, Secretary.

Brunswick, Oct. 1837.

Nov. 8—eopft

MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 131 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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WEDNESDAY, DECEMBER 27, 1837.

[NO. 21.]

SMALLPOX IN LOWELL, MASS.

BY JOHN O. GREEN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 22d of Sept. last, an Irish woman, by the name of Garvey, came to this city, from Quebec, travelling mostly on foot, and bringing in her arms a child about a year and a half old. She at once resorted to the quarter of our city occupied exclusively by our Irish population, and gained admittance to the second Hilliard house, so called, on Fenwick street. These houses are five in number; they are large wooden buildings of two stories, constructed entirely with reference to this kind of tenants, and containing sixty tenements. Each tenement consists of one room, and, perhaps, a bed room; and is generally occupied by a family, in some cases of eight or ten individuals, with a large proportion of children. This whole neighborhood is composed of dwellings, similar, but not so capacious; and the whole street and group, for dense population, filth, and the utter destitution of every essential to health and virtue, certainly cannot be equalled by any of our elder cities.

The women of this house, where Mrs. G. gained admission, very soon discovered that her child was ill with the smallpox, and somewhat unwilling to expose their children, obliged her to take possession of a chamber in the attic. She was kept in this room until Sept. 25, three days, when their apprehensions getting the better of their hospitality, they supplied her with money, and she took the half-price car on Monday morning, September 25th, for Boston, with her sick child in her arms. Here she forthwith repaired to the Worcester Rail Road office, and thence to Worcester. The child lived until she reached her husband, who was at work on the Western Rail Road, about four miles from Worcester, where it died at an advanced stage of smallpox.

On the 10th of October, an Irishman, very unintentionally, divulged the secret to one of the health commissioners, that there were some supposed cases of smallpox in the quarter of the city above named; and in the afternoon of this day, I found four children sick with the disease. They had been most carefully concealed by their parents, although some of them were as far advanced as the sixth or eighth day, with confluent smallpox.

When we take into view the crowded state of this population, their peculiar habits of associating together, especially about the sick, their want of cleanliness, their repugnance to vaccination, from ignorance of

its advantages (nearly all the adults having had the smallpox), and the fact that the disease had been here concealed most studiously for nearly three weeks, it is at once apparent that no other course than the speedy removal of the infected, seemed consistent with the public safety.

Accordingly, on the morning of October 11th, in two hours, no less than eleven children, in all stages of the disease, were detected and removed to the hospital. Of these eleven, six were from the house where Mrs. G. staid; four were from the adjoining, distant only five feet; and one from another house, about six rods off, on the same side of the street. The whole number eventually removed from the house in which it first appeared, was nine; in fact, every individual in that house who had not had smallpox, took it, except one infant protected by vaccination.

The subsequent admissions to the hospital were as follows:

Oct. 11, 11 cases from Fenwick st.	Oct. 23, 2 cases from Fenwick st.
" 12, 1 " " "	" 24, 2 " " "
" 12, 1 " " Suffolk st.	" 27, 3 " " South st.
" 13, 1 " " Lawr. corp.	" 30, 1 " " "
" 14, 1 " " South st.	Nov. 3, 1 " " Lowell st.
" 21, 1 " " Fenwick st.	" 6, 1 " " Fayette st.
" 22, 2 " " "	" 6, 1 " " Applet. st.

It will be observed that nineteen cases were from Fenwick street, where the disease began. Twenty-five were under ten years of age, and seven cases were fatal. Up to the 3d November, when we had had twenty-nine cases, it was very easy to trace the manner in which each individual had contracted the disease. After this time, it was not possible to do it.

The facts connected with the Johnson family are sufficiently interesting to require distinct notice. In the same car in which Mrs. G. and her child went to Boston, September 25th, also went Mr. Johnson. On Monday evening, October 9th, he was attacked with violent febrile symptoms. On Thursday evening following, an eruption began to appear upon him, which was pronounced to be smallpox on the following day, and October 14th, Saturday evening, he was removed to the hospital. His case proved to be confluent nearly all over the head and trunk, characterized early by great oppression of the brain, the pock with purplish centres and large blisters of dark-colored serum interspersed. He died on the afternoon of the 21st, on the 12th day of the disease.

At the time of his attack, his family consisted of his wife, six sons, the eldest fourteen years old, two female domestics, three male and two female boarders; in all, fourteen persons. They had all had the vaccine disease but the six boys and two of the boarders. The day the disease was declared to be smallpox in the father, they were all vaccinated with several quills in each. On the following Monday, the vaccination was repeated. In the course of that week it was repeated again, and on Monday, the 23d, it was again done by a neighbor from a fresh arm. The result was as follows.

William, the eldest, escaped entirely, his vaccination of the 16th being successful, as was also that of the two boarders.

Joseph, aged 11, was seized violently on the evening of Friday, the 27th. He had excruciating pain in the abdomen, limbs and back, incessant vomiting, and delirium. On 28th, entered the hospital, and on the 30th the eruption commenced on the chest and neck. At this time his vaccination of the 23d was perfect. Upon each arm I never witnessed a more regular and beautiful vaccine pustule. As the eruption appeared, his symptoms mitigated, although previously very threatening. He went through the smallpox with a copious but distinct eruption, and without the least modification, unless it was that the pustules upon the face were uncommonly small. The vaccine pustules were eventually nearly destroyed by the encroachment of the variolous ones.

Cyrus, aged 9, went into the hospital with the rest of the family on the 28th, but did not complain. On the 29th he began to erupt. He had a very moderate eruption of variola, and kept about all the time. His vaccination of the 23d produced a little pale red conical tumor, with a good deal of surrounding redness, but soon disappeared.

Charles, aged 7. His vaccination apparently produced no effect. He sickened on the 23d, and had a copious, distinct, variolous eruption on the 26th. The disease was perfectly regular, but severe.

Andrew, aged 5, had the disease with about the same violence as Charles, his vaccination never having shown any effect. He was attacked and entered same time as Charles.

Horace, aged 2. His arm, from the vaccination, put on the same appearances as that of Cyrus. He had variola at the same time and with the same mildness as Cyrus, not exceeding one hundred pustules.

One of the domestics, aged forty-five, says she was vaccinated by a physician about eight years ago. She has a large, deep scar upon the arm, but without the indentations which are characteristic of the vaccine scar. She watched with Mr. Johnson on the night of the 10th. On the 23d she had slight illness, and on the 26th, a pretty copious eruption on the face and neck only. These papulæ went on to enlarge, and on the fourth day were conical, without any central depression. On the fifth they were filled with opaque matter, and soon began to desiccate, so that on November 6th, having had a mild varioloid, she was well. The other members of the family escaped without any sickness.

Edward Kelly, a neighbor, aged twenty-three, watched with Mr. Johnson October 13, and was engaged to remove some bedding after Mr. Johnson was carried to the hospital. He was inoculated with smallpox when he was nine months old, and has its scars, and also scars on the face. With very little constitutional disorder, on the 25th, he broke out with a very copious pustular eruption upon the face and chest. He entered the hospital on the 30th. In nine days, that is, November 3d, the scales had all fallen, leaving indurated knobs under the cuticle. This was the second varioloid.

Mrs. D., a sister of Mr. Johnson, who was with him some hours about the time he began to break out, and visited him in the hospital the day before he died, and who had the vaccine disease about ten

years ago, with a perfect scar, was attacked with severe premonitory symptoms, October 21. A single pustule appeared on the hand, October 25th, and a dozen others followed on the face and scalp, constituting the third varioloid.

The coexistence of the variolous and vaccine diseases was equally as striking in two other cases in the hospital, as in the case of Joseph Johnson. In each of these two, there was no apparent modification, unless in the smaller size of the pustules in the face, which was certainly true in all.

It is worthy of note, that in the family on the Lawrence corporation, consisting of forty-six females, one of the largest boarding houses in the city, the individual attacked with the smallpox was the only unvaccinated one in the house; and no other case followed on that corporation.

Among twenty-four persons employed at the hospital as nurses and attendants, seventeen had had smallpox, and seven the vaccine disease. One of the former had a single variolous pustule upon the hand, yet none of the latter were in the least degree affected. Of fifteen physicians who made occasional visits to the hospital, not one suffered at all.

In Fenwick street and its immediate vicinity, the Irish, with great willingness, brought forward their children for vaccination. On the 12th of October, two days after the disease was discovered among them, 197 children were vaccinated. On the 17th, 19th, and 23d of October, and 1st and 7th of November, 200 more, so that not less than 400 were vaccinated in that neighborhood. The last case of smallpox from this street was October 24th.

We do not mean to have it understood that vaccination was confined to this quarter of the city. There exists among all the incorporated companies here, a permanent arrangement which insures to every individual in their employ, and to their families, this privilege without expense. Through this arrangement the number vaccinated each year is very large, and shows the fearful extent to which our country villages are *unprotected*. There is, of course, an increased demand for the operation whenever smallpox appears among or near us. Within the last fifteen years, the term of my residence here, we have had several alarms. In January, 1824, a fatal case occurred in this town. In March, 1824, another case, which recovered. In November, 1833, a single case at Billerica mills, about four miles from this. In December, 1835, a single case at Dracut, about one mile from our mills. In February, 1837, two cases in this city. These, together with the present, constitute all my experience with the smallpox. Limited as it is, however, and as it must be to every practitioner under forty years of age in New England, it seems to me to add some additional weight to the following propositions, viz.:

1. That our confidence in the protective power of vaccination needs not to be impaired.
2. That the number of cases of varioloid, even under circumstances of great exposure to the worst forms of smallpox, is very small.
3. That vaccination has no power of preventing or even modify-

ing smallpox, if not had recourse to before the system has become contaminated.

4. That those who are successfully vaccinated three days after the exposure to smallpox, will escape.

5. That length of time has no tendency to diminish the effect of kinpox in the prevention of smallpox.

6. That the kinpock is a better protection against varioloid than smallpox the natural way or by inoculation.

In our vaccination on a large scale for the Companies, the following mode is the most general—in fact, nearly universal. It combines economy of time and materials with the greatest certainty. A portion of the crust is pulverized and rubbed up with water, so as to form a *fluid paste*, at the time of using it. The puncture is made with the lancet in the usual place, and a quill, dipped in this liquid, is inserted and allowed to remain about ten minutes. A further saving of time may be effected by pointing the quills with the paste and allowing it to dry upon them. But they should be prepared only a short time before using. The number of failures, even with a crust three or four months old, will be surprisingly small.

In vaccinating individuals, the surest mode is the insertion of a small portion of the crust, in its dry state, with the point of a lancet.

Much of the hesitation and error prevailing among us, have arisen from the circumstance that the early friends of vaccination believed and boasted *too much*: they boldly asserted that vaccination was a perfect safeguard in all cases; and that, too, in the face of numerous facts, demonstrably proving that the most violent course of smallpox could not always withdraw the sufferer from the power of a second infection. It is not surprising that some persons should have seized upon the exceptions to show that, as a part of the doctrine was untrue, the whole might or must be so. Such is actually the state of things among us *now*: and it seems to us that if the public could be once completely enlightened as to the *real* degree of efficacy, these exceptions would not weigh a feather against the general tenor and amount of our success.

Lowell, Dec. 15th, 1837.

LOBELIA INFLATA (LIN.).

[Communicated for the Boston Medical and Surgical Journal.]

NOTWITHSTANDING this article has been known, written upon, and occasionally used, from time immemorial, still I know of no treatise on the article that would lead the student to a correct understanding of its operative effects or therapeutic application to disease. Like many of my medical brethren, I formerly entertained no very favorable opinion of the therapeutic properties of this article; but finding no obstacles in the way of testing its operation, I have embraced every convenient opportunity of doing so, and the following is a brief summary of the results of my observations.

“This article belongs to that class of remedies which are known to

exert a peculiar influence, or produce a general change of action, in the secernent and absorbent systems, removing torpor and occasioning improved and increased secretions from the liver and other digestive organs, and also from all the glandular viscera; and, by virtue of this operation, relieving certain dysthetic or cachectic diseases, and often likewise causing a direct revolution of many *atonic* acute, sub-acute, and chronic inflammations, not only of the cranial, thoracic and abdominal viscera, but also of the membranes, muscles and joints." *Lobelia inflata*, on being masticated, imparts to the mouth and fauces a disagreeable *acrid* and burning taste, which remains long afterwards. It is *expectorant*, that is, the continued internal employment of lobelia, in as large doses as can be taken without disquieting the stomach, and repeated at regular and short intervals, removes torpor from the lungs, promotes the secretion and excretion of mucus, and muco-purulent matter from the bronchial membrane, and the secretion from the salivary glands. In addition to this, it exerts a specific operation on the pulmonary system, often diminishing the pulmonary secretion when morbidly increased, or improving or restoring to healthy action any morbid deviation. It is *cholagogue*. It removes torpor of the liver, occasions regular and increased secretions from that viscus when preternaturally deficient, or even when natural, and also from the digestive organs generally, thereby increasing peristaltic action. It is *resolvent*. Its power of removing or diminishing *atonic* arthritic articular inflammation, has long been known. It has also been recommended in membranific inflammation of the larynx and trachea, and I am quite certain that it is not less efficient in resolving atonic erythematic inflammation of the bronchial membrane. It is unquestionably *narcotic*. Of this, in *my practice*, I have seen but very little, for when given in ordinary doses, in proper cases, and judiciously managed, I feel confident that its narcotic power is so weak that it will rarely do mischief. Yet when given in extraordinary quantities, or continued too long, or in cases too irritable and too susceptible to admit of its administration, as is no uncommon occurrence among certain privileged pretenders, it is sufficiently narcotic to produce serious symptoms, and we not unfrequently hear of restlessness, anxiety, prostration of muscular strength, coldness, vertigo, cramps, and rigidity of the muscles, following its use. When given in small doses and often repeated, I have occasionally seen burning in the stomach, great restlessness, uneasiness and anxiety produced by it, but never in cases that I consider proper for its administration. That it ever destroys life, I must be permitted to doubt. It is *emetic*. This article, when given in full doses, promptly increases the salivary, bronchial, gastric and biliary secretions, and freely and efficiently discharges these fluids with the contents of the stomach. In *my hands it has uniformly operated kindly*, producing less exhaustion, less protracted nausea, and less liquid discharges, than antimony, and more efficiently than cephaëlis ipecac., sanguinaria can., or zinc, and not less prompt than copper or per sub. mercury. As an emetic for clearing the stomach of any offending matter, morbid secretions, or for the purposes of producing a powerful shock on the system, removing torpor, or resolving certain non-

phlogistic diseases, I consider it in all respects an eligible article. But for the mere purpose of reduction in phlogistic diseases, I think it not at all adapted; for, not to mention *the injury its acrimony might produce*, its action either on the alimentary canal, kidneys or skin, is too inconsiderable to render it of any value as a reducing agent.

The properties of *lobelia* reside principally in the seeds, capsules and leaves. The seeds are the strongest, and as they do not so readily impart their acrimony when taken into the mouth, may be administered when the tincture and infusion are objected to on account of their acrimony. The plant should be collected the last of its flowering season, before the early capsules burst, or the plant becomes dry. This is usually about the last of August.

Mode of administration.—It is given in the form of officinal tincture, infusion, or the dry seed may be very conveniently administered in any suitable vehicle. As this plant, like other acrids, loses much of its properties by keeping, the recent plant should be selected for pharmaceutic purposes, or for keeping, and excluded from the air in close vessels. The *dose* is a relative thing, but generally, for an emetic, ℥ij. or ℥iij. of the officinal tincture, or from four to twelve grains of the seed. For deobstruent purposes, where it is desirable to avoid disturbing the stomach, ℥ss. of the tincture, two grains of the seed, or four grains of the pulverized leaves, are a medium dose.

Therapeutic application.—This article, like all other deobstruents, requires a certain range for its action. That is, it is improper in all the *entonic* phlogotica. Neither is it adapted to cases where there is much irritation or exhaustion of the system. *It is best adapted to cases of torpor without exhaustion.* If given in an entonic state of the system, its use must be preceded by venesection, refrigeration and reduction; or if when there is irritation, pain, or symptoms of considerable nervous susceptibility, its use must be accompanied with a sufficient quantity of papaver or morphia to quiet the pain and irritation. In fact, I have in most cases, when given in small doses for deobstruent purposes, combined it with a small quantity of morphia. I have thought that this qualified or corrected its action, and enabled the system to receive a larger quantity without unpleasant effects, and thereby I have been able to obtain a greater effect from the article. When there is much exhaustion, its use should be accompanied with wine, or even brandy. When given for emetic purposes, to insure safety, I have never given more than ℥ss. of the tincture, or twenty grains of the seeds, and if free and satisfactory emesis did not take place, I have administered a sufficient quantity of cephaelis or zinc to answer the purpose.

To notice the abuses of an article that is so easily managed, is too humiliating for any intelligent member of the profession. The idea, however, that medicine is so simple that it may be learned without labor or study, and may be practised by any one, no matter how ignorant, if he can command twenty dollars, is too flattering and tempting to the ignorant and indolent to be resisted; the result is, that the care of the sick, their health, happiness, and even their lives, are often entrusted to a set of men with whom we would not trust a dollar, whom we would not suffer

to keep a district school, or to transact the most ordinary concerns of life. Medicines are given in improper quantities and cases, and the most serious consequences, the loss of health and life, are the result. If the public will tolerate such things, I care not how much they suffer. "A whip for the horse, a bridle for the ass, and a rod for the fool's back," said Solomon; see Proverbs xxvi. verse 3d. A.

Meriden, Ct., Dec. 15th, 1837.

FORMATION OF THE EAR.

[Communicated for the Boston Medical and Surgical Journal.]

THE human ear presents, in its structure, a number of mathematical relations which are explicable on the supposition that its development is the joint effect of the vibrations of two elastic mediums impinging on each other; one without, which serves as a vehicle for the transmission of sounds, the other within, and immediately contiguous to the acoustic nerves. The most complete of these are the shape and position of the semicircular canals, and the cochlea. The external ear and the ossiculæ afford also some interesting considerations, but as they are more irregular and complex, especially when viewed with reference to the imperfection of the science of acoustics, I shall only attempt to show the mode of formation of the two first.

1. The semicircular canals are three cylindrical and symmetrical tubes.
2. They have each an enlargement where the nervous filaments enter.
3. They are curves, the concavities of which all look towards the vestibule.
4. The planes of these curves are perpendicular to each other.

Comparative anatomy exhibits the organ of hearing, immediately previous to the formation of the semicircular canal, as consisting of a couple of simple sacs, with a calcareous body suspended in a fluid contained within them by nervous filaments. These calcareous bodies I conceive to occupy the points where the undulations of sound are concentrated, and are formed by the nervous fluid issuing from the extremities of the nerves to which they are attached. Perhaps they represent the foci of two spheres. Their use in this primitive form is to receive the simple impression of sound occasioned by the impulse of the sonorous undulations, being incapable of appreciating those higher modifications on which musical notes or articulations of voice depend. From them the undulations are again reflected, and the liquid in which they float is the effect of the vibrations of the elastic fluid to and fro, in exceedingly small spaces, as they diverge or converge between these foci and the stratum of fluid which may be imagined to correspond with the circumferences of the spheres which reflect them. In this stratum the formation of a nervous expansion would take place. Were these vibrations perfectly uniform and regular, and from a single centre, as in the

eye, a spherical nervous expansion, like the retina, whose concavity looked towards that centre, would be formed. The absence of this regularity in the ear is the cause of the membrane dividing and forming the semicircular canals and sacculi.

The rudimentary form of the canals is first distinctly noticed in the lamprey. The membrane of the vestibule in this animal is thrown into three folds. The margins of these folds, looking towards the vestibule, are approximated, and, following the law which is now known to regulate the formation of hollow tubes, doubtless unite and coalesce in the next higher species of fish. As soon as this takes place, the undulations are no longer transmitted to the nervous fibrils directly from the centre of the vestibule, but enter at one extremity of the tube and pass to the other, where they become obliterated, or reflected back again. The increased concentration of nervous fluid at the point where this happens, aided by the lateral direction which must be given to the vibrations, unless (which is not the case) they impinge perpendicularly on a plane of that fluid at right angles to the parietes of the tube, would occasion the enlargement to which the name of ampulla is applied.

Several forces may be conceived to act in giving the semicircular form to the canals. The oblique direction in which the vibration enters the orifices may have something to do with it, as friction would be less semicircularly; but it is chiefly owing to the two following circumstances. 1. The nervous fluid is diffusing itself equally in all directions, like heat or electricity, from any point where it accumulates in greater quantity than in parts contiguous. The nervous expansion of the vestibule may be considered one of these points. A stratum of this fluid, then, coinciding with that half of the cylinder nearest to the vestibule, is more dense than a stratum coinciding with the opposite half; for both being equidistant from the nervous cord within the canal, that portion of the fluid radiating from this cord is a constant quantity in each, while an excess is produced in the one nearest the vestibule from the radiation thence. Each undulation would, therefore, be reflected after passing through a smaller space from the vestibular portion than from the opposite portion. The consequence of the greater length of these undulations on one side than the other, would be the gradual removal of the bony parietes towards the side where the undulations are longest, until some physical modification is produced which counterbalances the difference in density and elasticity of the two strata. This physical condition is attained when one of these strata is in the situation of a convex reflecting medium, and the other in that of a concave reflecting medium; the effect of a concave reflecting surface being to concentrate, that of a convex being to disperse. Such is the manifest relation of the two opposite halves of the bony cylinders of the semicircular canals of the ear. 2. While such is the effect of the undulations themselves, the fluid, passing off from the nervous expansions on the membranous tubes, also causes them to recede from the vestibule, in consequence of the greater counter-pressure being exerted upon them in a direction perpendicular to the centre of the nervous fluid in the vestibule.

The position of these canals relative to each other is easily accounted

for by considering the effect which the reaction or counter-pressure of this fluid, radiating from every point of their lengths, must have upon their disposition. They must assume a position as nearly corresponding to an equilibrium as is compatible with the above conditions. This position for three curved cylinders whose ends approximate, is attained when their planes are perpendicular to each other; for then the centres of those cylinders are at the greatest possible distance from each other, allowing the fluid to radiate from all points of their surfaces with the least possible interference. Hence the combined repulsion of the three tubes, acting perpendicularly from the vestibule, disposes their three concavities to look in that direction, while their mutual repulsion places them in planes perpendicular to each other.

The cochlea is developed precisely in the manner of a turbinated shell, which it resembles. To the apex of every spiral shell the ligament adheres by which the animal is attached to its bony covering, and this connection is always maintained, even though the body of the animal is removed, as it sometimes is, from the upper, and inhabits the lower part of the shell. If, now, we suppose the nervous fluid to proceed along the course of the fibres of this ligament, at the moment it reaches the surface of the animal it would be affected in the same way as light when it arrives at a convex surface of a dense medium, and is about to pass into another. A part would be reflected by the resistance it meets with, and since it could not be thrown back perpendicularly, by reason of the fluid continuing to issue from that direction, it would be compelled to move over the surface of the animal, for the stratum of space contiguous to this surface is where the two mediums are in apposition with each other; and if the motions going on in both do not coincide, they produce an effect which is the same as would result were the fluid less dense, or opposing less resistance to the current moving through it, than through any other stratum of either medium. It would, therefore, follow this in preference to any other direction.

If any one who reads this will be at the trouble of examining some of these shells, he will be able to appreciate at once the value of these observations. He may recognize no less than five or six different points in which their shape and structure correspond to the operation of the laws of a fluid such as I have supposed, issuing from the apex, reflected and acted upon by a force compounded of two, an horizontal and a vertical force, in the diagonal of which it moves. The helical turns, their constant expansion vertically, their continual departure from the centre of the cone, the spines and undulations, which are found on many of them at regular intervals, and the disposition of the crystal of carbonate of lime in the three plates of the laminae that compose the shell, are deducible from the action of such a fluid, with mathematical precision. Most of the bivalve shells are also as plainly stamped with the impressions of this fluid on their surface, as flowers with colors.

Applying the same remarks to the cochlea, the formation of its bony parietes may be understood. The nerve that passes through the centre of the modiolus corresponds to the ligament of the molluscous animal. The nervous expansions radiating from the modiolus as a base line into

the spiral tubes, represent the body of the animal, from which the fluid is diverging in all directions, and removes the spiral turns successively further and further from the modiolus as they approach the base. If we suppose the fluid to commence its departure from that point of the modiolus where the infundibulum begins, the funnel shape, to which that name is given, being the first effect of its divergence, is an additional corroboration of the hypothesis. A further confirmation is the fact that the spiral tubes of the cochlea are developed from the apex, and increase towards the base, in the successive gradation of animals.

Dec. 21, 1837.

B. H.

SECONDARY VARIOLOUS OPHTHALMIA.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

MANY of the eruptive fevers, it is well known, are accompanied with, or followed by, diseases of the eye and its appendages. Thus we have morbillous and scarlatinous ophthalmia, as the result of measles and scarlet fever. Other cutaneous diseases occasionally invade these parts; and I have recently seen a patient with pytiriasis rubra, under the care of Dr. Gordon, of this city, in whom the disease had effected, extensively, the integuments of the eyelids of both eyes. In former times, before the practice of vaccination had become general, variola was a very common cause of diseases of the eye, frequently of the most destructive character. Hence many cases of indelible opacity of the cornea and staphyloma, which occur in this way. During the time of the general eruption on the body and face, one or more pocks or pustules form on the cornea, where, unfortunately, they are much more apt to occur than on the conjunctiva covering the sclerotica. When the pustule bursts, the ulcer, thus formed, spreads and deepens, and perforating the cornea gives rise to protrusion of the iris. Then lymph being thrown out, and adhesions taking place between the iris and cornea, a dense leucoma or indelible opacity, perhaps complicated with closure of the pupil and obliteration of the anterior chamber of the eye, would result. In some cases, the cornea being so much weakened as to be unable to resist the pressure of the humors from behind, is protruded more or less between the lids, and a partial or total staphyloma takes place. Vision is entirely destroyed in some cases, while in others it is impaired only, according to the situation and extent of the opacity consequent upon the disease. Among other diseases caused by smallpox, I have seen, more than once, in children, chronic inflammation with purulent discharge, or blenorrhœa of the lachrymal sac, attended, of course, with stillicidium lachrymarum, and the usual train of disagreeable symptoms resulting from any obstruction of the excreting parts of the lachrymal organs. The margins of the eyelids may also be left, by an attack of smallpox, with red marks or scars, accompanied by a great proneness to inflammation upon any exposure; in some cases an inversion of the eyelashes may occur, &c.

In the treatment of variolous ophthalmia, Mackenzie speaks of venesection, as a remedy that is barely admissible, and one that is to be made use of with the greatest caution. This caution may have reference to the state of the patient's system, which is by no means to be disregarded in the general treatment adopted in diseases of the eye; but under ordinary circumstances, I presume that variolous ophthalmias require the same remedies as other acute inflammations of this organ. In the following case, the good effect of venesection, in subduing inflammation, was striking and immediate.

James Bell, seaman, 23 years of age, applied 18th February. On his passage from Smyrna to this port, when some days out, he was attacked with smallpox, which became confluent on the face. During the height of the eruption, the eyelids were closed and adhered together, as frequently happens from the swelling of the integuments, and the matter discharged from the meibomian glands in a state of irritation. Upon the subsidence of the swelling and the commencement of the process of desiccation of the pustules, he examined, of his own accord, the condition of his eyes, to ascertain, as he said, whether any of the "pocks" had affected the eyeballs. He found them free from any pock or inflammation, and there existed merely a stiffness of the eyelids and a slight irritability of the tunica conjunctiva, which rendered exposure to strong light somewhat unpleasant. He considered himself, indeed, in all respects, well enough to return to his duty on board ship, when, without any known exciting cause, he was attacked with the ophthalmia, on account of which he now applies. The disease was confined to the right eye, and commenced with the usual symptoms of acute conjunctivitis, such as a feeling of roughness, or a sensation as of sand or some foreign body in the eye, smarting and flow of tears. These symptoms were very soon followed with pain in the brow over the affected eye, extending along the head, on the right side, to the occiput. The character of this pain was "sharp;" it was invariably aggravated at night, and was so severe, that for the last three weeks he had had no quiet sleep at all. Upon exposure to the light, or upon using the well eye, he experienced a darting pain through the inflamed eye, which obliged him immediately to desist. Vision became impaired soon after the commencement of the attack. Has had no medical treatment. Upon removing the thick bandages, with which, in accordance with popular error and prejudice, the inflamed organ was bound up, and irritated by the heat and the retained secretions, the vessels both of the conjunctiva and sclerotic were found to be much injected and of a dark-red color. The vascularity, however, was mostly confined to the vicinity of the cornea, forming around that membrane a broad circle or zone. At the upper part of the cornea, there was a deep-seated opaque spot, of a dull-white color; and extending from this towards the margin, was observed a nebulous opacity in the form of a cone, of which the dense spot formed the apex. This spot was a pustule situated in the substance of the cornea, and from the circumstance that the conjunctiva covering it, was flattened or depressed, it may be inferred that its contents had either been discharged in some way, or, what is more

probable, had been absorbed. The remaining portion of the cornea presented a hazy and *lack-lustre* appearance—if the term is allowable. The pupil was contracted and motionless; but the exact condition of the iris and pupil could not be ascertained, owing to the opacity of the cornea. Vision was nearly extinct; he could distinguish the light, he said, and that was all. Tongue coated, with thirst and a disagreeable taste of the mouth; the pulse full and strong, and the patient of a robust habit of body. The supra-orbital pain—indicating, according to Mackenzie, inflammation of some of the more important textures of the eyeball, as the cornea, sclerotic and internal tunics—continuing severe, he was bled from a large orifice in the arm to twenty-five ounces, when he became faint. Before this amount had been taken, and previous to any indications of faintness, the patient was entirely free from pain, and the power of vision was so far restored to the affected eye, as to enable him to distinguish, readily, objects in the room. At the same time the eyeball became nearly as pale as in health, and a very perceptible diminution of the haziness of the cornea was noticed. This rapid dispersion of nebulous or diffused opacity of the cornea, by active depletion, serves to show that such opacities may, to a certain extent, be dependent on a congested state of the serous vessels of that membrane, which being relieved, the natural transparency returns. In addition to the venesection, the patient was directed to take a full dose of calomel and jalap, and to have six or eight leeches applied to the temple in the evening; also to apply to the brow an anodyne embrocation with tincture of stramonium. Antiphlogistic diet and rest.

February 19. Had had some pain about the brow, which was relieved by the local application. The redness of the eye and the opacity of the cornea have diminished in a remarkable manner, the entire cornea having regained its transparency, except a small spot now occupied by the pustule. The iris, previously concealed from view, it was evident from its change of color, from the contraction of the pupil, &c., had participated in the inflammation of the other textures. May repeat the application of leeches to the temple, and take every night one of the following pills. R. Hydrarg. submur., camph. pulv. āā gr. xij.; opii pulv. gr. vj. M. in pil. no vj. dividend.

21st. Inflammation much diminished; pupil remains fixed and motionless as before. Repeat the leeches, and apply round the eye the diluted extract of stramonium, morning, noon, and night.

22d. Vision improving; can distinguish the figures on the face of a watch; state of the pupil not influenced by the stramonium. Continue the extract and the pills of the 19th.

26th. Pupil remains the same; gums slightly tender. Omit the pills; continue the stramonium and application of leeches.

28th. The pupil is now moderately dilated, and presents a very irregular margin, with partial adhesions to the capsule of the crystalline lens. Vision improving.

March 6th. The opaque spot on the cornea is reduced to a scarcely perceptible point; vision nearly as perfect as that of the well eye. As a stimulant and corroborant, may use daily a collyrium of sulphate of

zinc, grains two to four to the ounce of rose water, and omit other remedies.

In conclusion, it may be observed that the above case presents a well-marked instance of the extension of inflammation from the external to the internal textures of the eye, a consideration never to be overlooked in the treatment of cases of severe ophthalmia.

No. 4 Winter Street., Dec., 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, DECEMBER 27, 1837.

MAUNOIR ON CATARACT.

AN Essay on Cataract, by Theodore Maunoir, M.D., of Geneva, translated from the French (*Mémoires de la Société Médicale d'Observation*), by Dr. Bowditch, of Boston, is given in the last number of Dr. Dunglison's Journal, which is an uncommonly excellent production, arranged under the following heads, viz., 1st, causes of cataract; 2d, origin, course of disease; 3d, symptoms and diagnosis; 4th, length of time elapsing between the commencement and perfect formation of the cataract; 5th, description of the operation, its difficulties and accidents; 6th, consequences of the operation; 7th, results; and 8th, prognosis. It is decidedly one of the most important papers which has appeared in that publication since its commencement, and we doubt not will be fully appreciated by medical readers. Everything in it, in the first place, is exact—and then, again, it is not so burdened by extraneous matter as to conceal the author's intention of instructing those who consult him. To those who do not take the Library, we cordially recommend them to possess themselves of this very useful and instructive translation.

Cure of Varicose Veins.—From the Bulletin Générale de Thérapeutique, a short article has been introduced into the American Medical Library, stating that M. Bonnet, Surgeon-in-chief of the Hotel Dieu, at Lyons, has treated eleven cases of varicose veins by introducing pins through their cavities, and allowing them to remain some time. Nine of them were cured. In hernial sacs he has pursued a similar mode of treatment. Three or four pins are forced through the herniary envelopes, close to the inguinal ring, and in order that they may exert a certain degree of irritation as well as compression, on the sac, the heads and points are twisted, so as to give them a circular direction. The inflammation and pain commence, usually, on the third or fourth day after the operation, and soon after, in M. Bonnet's cases, the pins were removed. Caution is recommended, in order to secure the spermatic cord from injury.

Medical Books.—Mr. W. D. Ticknor, Washington street, has issued a catalogue of medical books, which he has on sale at his extensive bookstore in Boston, embracing the most complete assortment, perhaps, ever

offered before in New England, in anatomy, surgery, theory and practice of physie, chemistry, materia medica, midwifery, and medical jurisprudence, together with a host of periodicals for which he receives subscriptions and furnishes back numbers. We take pleasure in recommending this collection to the patronage of the medical public, with a hope that the encouragement which it is in the power of our professional brethren to bestow, will be an inducement to him, in future, to anticipate their wishes by procuring from domestic and foreign publishers an early supply of all the valuable productions emanating from the press. Those who have never examined the magnificent system of anatomy by Bourguery, no where else to be purchased this side of New York, will be amply compensated by devoting an hour to its inspection at Mr. Ticknor's bibliographical establishment.

Lectures on the Materia Medica.—We are pleased to learn that Dr. Tully, of New Haven, is preparing for publication a synopsis of his lectures on the materia medica. There is not, probably, an individual in the country so well qualified to send forth a work on this important branch of our science, as Dr. T. He has undertaken it, we are informed, at the request of his present class, in the Medical School of Yale College. It will not be published, we presume, before spring.

Medical Miscellany.—A malignant fever has been very fatal to the Europeans on the river Gambia, in Africa.—Dr. James Holmes has been re-elected mayor of Darien, Geo.—Dr. Morrison, now in prison for high treason, was mayor of the City of Toronto. The Canadian physicians seem to have taken a conspicuous part in the late rebellion. Dr. Kimber, Dr. Valvise, of Ponte Claire, Dr. Wolfred Nelson, besides many others belonging to the profession, are either in durance at this moment, or seeking refuge in the States. Dr. Rolph, one of the patriot leaders, is at Buffalo. Dr. Baldwin is among the persecuted.—A bill has been reported in the South Carolina Legislature, exempting the Thomsonian practitioners of that State from their disabilities.—Nineteen cases of smallpox existed at Woodstock, Vt., at the last accounts. Dr. Peñry, of that town, is reported to have died with it.—Invalids are hastening to St. Croix and St. Thomas, in great numbers, from the Atlantic cities. Most of them would be far more comfortable at home, at a much less expense.—Gregory's truss begins to gain the praise of surgeons.—Messrs. Brewer & Brothers, No. 92 Washington street, have an admirable collection of excellent surgical instruments, worthy the attention of professional gentlemen.—Mons. Poyen has delivered one lecture on animal magnetism at Worcester.—The cost of advertising quack medicines in the twenty-four States, annually, is supposed to amount to two hundred thousand dollars. A peck of pills a day is considered necessary for Boston, and half a bushel for New York. On an average, only one in twenty-five who take them are actually sick—and the proportion of those who dispense with some necessary of life to purchase nostrums which do them a positive injury, is in the ratio of eighty-seven to every hundred, throughout the country.—The Thomsonians seem inclined to revolutionize orthography as well as medicine. In a late No. of one of their New England periodicals, the word *volume* is spelt, repeatedly, *volumn*.

Comparative Pain of Cupping.—As to pain, many persons prefer being cupped to leeching or venesection. Those who calculate the pain incurred in cupping by comparison with a cut finger, are very much deceived; in fact there is rarely any pain felt in this (the cutting) part of the operation, nor is any inconvenience suffered from it afterwards. The previous application of the glasses seems to deprive the part of its usual sensibility. The whole inconvenience, in fact, rests in the glasses, the application of which seems to lay a very heavy load upon the part; but this is all that is felt. On the temple, the extra pressure made by the glass upon one particular part, of necessity forms a slight exception to this rule; and of course, in cases where the mere touch of the finger will occasion pain, we cannot expect the cupping glasses to be applied with impunity.

DIED.—At Princeton, N. Y., Dr. Ebenezer Stockton, aged 77.—At Halifax, N. S., Samuel Head, M.D., an eminent physician and magistrate of that city.—At Exeter, N. H., Joseph Tilton, M.D., aged 94.—At Amherst, Dr. Rufus Cowles.—At the McLean Asylum, at Charlestown, Mass., Dr. Joseph Chapman, of Connecticut, aged 44, of epilepsy.

Whole number of deaths in Boston, for the week ending Dec. 20, 18. Males, 11—Females, 7.

Consumption, 2—dropsy in the head, 2—child-bed, 1—scarlet fever, 2—inflammation of the lungs, 2—measles, 1—typhus fever, 1—coma, effect of nervous convulsions, 1—delirium tremens, 1—cramp, 1—marasmus, 1—stillborn, 2.

MEDICAL INSTRUCTION.

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Oct. 18—tf

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VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with **PURE VACCINE VIRUS** by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

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Franklin Street, Nov. 9, 1836.

July 19—6m

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

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[NO. 22.]

CASE OF STRICTURE OF THE URETHRA OF LONG STANDING,
CURED BY CUTTING DOWN UPON THE CONTRACTED POINT.

BY EDWARD MAINWARING, SURGEON, BIRMINGHAM, ENGLAND.

On the 26th of May, 1834, six o'clock, A. M., I was called upon to attend William Bentley, of Sheepcote street, Birmingham. On my arrival I found him laboring under all the distressing symptoms of complete suppression of urine, of some hours duration; great distention of bladder; high fever; quick, hard pulse; furred, dry tongue; great anxiety, and ammoniacal odor of breath; has had warm baths, and two strong anodyne draughts, without relief, by order of Dr. Eccles. I immediately had recourse to the catheter. The urethra was very irritable, and I found a formidable stricture at the bulb, rigid spasm of the membranous portion, and a very much enlarged prostate gland, being full as large as a hen's egg; but by perseverance, and raising the point of the catheter with the finger of the left hand in the rectum, I succeeded in its introduction into the bladder, and drew off upwards of two quarts of urine, at once affording complete relief. I then ordered an enema, to be administered as soon as he had recovered from his exhaustion, and an anodyne draught at bedtime.

I called during the day, and made some inquiries into my patient's history. He is sixty years of age, and by trade a carpenter; has been more abstemious in his habits than otherwise, occasionally, only, taking a drop too much. His appearance is that of a dark-haired, thin, pale man, about five feet six inches high, not emaciated, but still looks like one who has seen some hardship. He bears a good character for industry, and has reared a large family; his general health good. He states that he has had difficulty in making water for twelve years, but that twelve months ago he was suddenly seized with a stoppage of his urine, and with anxious desire to void it, after walking half a mile on a hot day, and drinking a draught of porter while he was heated; since then has had occasional attacks of this sort, accompanied by severe pain in his back and lower part of his belly; but these attacks went off, by rest and quiet, without medical assistance. Has been subject to hæmorrhoids for twenty years, which are very painful occasionally; to hydrocele of the left scrotal sac for twelve years, and has been in the hospital here several times for relief, but no permanent cure effected, the sac being

now much distended with fluid. Never had gonorrhœa or syphilis of any kind.


27. To-day I was sent for, and found my patient laboring under the same symptoms as yesterday. I again attempted the catheter, and I suppose was an hour using every manœuvre possible to introduce it, but without success. He complained most horribly of the pain and irritation I gave him, although I used but very little force. His pulse was hard and full, which, with his other symptoms, induced me to, immediately, tie up his arm and bleed him to faintness. Administered an enema, and gave him an anodyne draught, containing forty drops of Batley's sedative solution, and to have constant fomentations of poppy-head water to the abdomen and perineum.

Three hours after. The distressing symptoms continue, and the bladder seems fast distending. I attempted the catheter again, but did not succeed. I now directed my attention to the scrotum, thinking that, from its great distention with fluid, it might exercise some sympathetic influence over the bladder. I punctured it, and drew off the fluid collected. Applied six leeches to the perineum, and gave a starch injection, containing 3j. of laudanum. An hour after, I used the catheter again, but without success. His symptoms were now of that alarming nature that I determined upon calling in further assistance. Mr. Freer and the late Mr. Chester were sent for, when, after many fruitless attempts to pass the catheter, we determined to puncture the bladder, as being the only means left to save my patient. This I immediately did about three inches above the pubis, and through the canula. I introduced an elastic gum catheter into the bladder, which remained in the new-made passage for twelve weeks, during which time I had to combat several severe attacks of peritonitis, which I subdued by the steady and persevering use of calomel and opium, warm fomentations, glysters, and strict watching, scarcely ever leaving him for more than two or four hours at a time, day or night, during the whole period of twelve weeks' painful confinement.

About every fifth or sixth day I had recourse to the catheter, which I at last succeeded in passing into the bladder. I now felt delighted at the prospect of a speedy cure to my patient, and a termination to my anxiety and care; and for five days he went on well, sat up for several hours in the day, enjoyed his meals, and slept well at night. The inflammation of the prostate had been reduced by leeching, and other suitable means, and he was now gaining strength rapidly. He, however, on the fifth night, and he says in his sleep, pulled the catheter out of his bladder, although I had secured it with tape; and when I called at midday, expecting all was going on well, I was exceedingly mortified to find my patient with his bladder painfully distended, and unable to void his urine. I immediately attempted to pass the catheter per urethram, but could not succeed, from its excessively irritable state. The gentlest introduction of a well-oiled gum catheter produced therein excruciating pain and spasm, rendering it impossible to pass it more than two or three inches. Here was a condition to be in! the punctured wound had quite healed; my patient's bladder full and painful; he was

very weak and reduced, and seemed now to resign all hope of relief. I, however, cheered him, gave him an anodyne draught and a starch injection, with ʒj. of laudanum, and ordered fomentations to be constantly applied.

I called again in three hours; in the meanwhile a slight oozing of urine had commenced from the puncture in the abdomen, and on my removing the bed clothes a fine stream of urine, of the thickness of a pin, jetted to the height of fifteen or twenty inches. Taking advantage of this, I seized the catheter and bored it into the bladder, and relieved my patient. I again left him tolerably comfortable.

We now went on much as before; he in bearing his sufferings, and I attempting to relieve them, for another period of seven weeks; during which time I used, at intervals, every means possible to again enter the bladder per urethram, but without success. I could pass the catheter somewhere, its full length, but certainly not into the bladder. By this time my patient's mind was so harassed by his distressing situation, that he hoped I would end his miserable existence, or devise some means of relief from this most extreme state of suffering. I then determined upon performing the lateral operation; to this he joyfully consented, and with the kind assistance of Mr. Baynham and Mr. Weishman, I accomplished it. My patient's health had been much shattered, certainly, but there yet remained considerable courage, and for some time the thought had struck me, that I could take advantage of the opening into the bladder through the abdomen, and render the operation less difficult, and success far more certain. With this view I prepared a sound a little longer than the common one, and bent it into this shape , and having placed my patient on the table, secured as for lithotomy, I passed a sound down to the bulb of the urethra, this being quite as far as I could go with certainty; and having placed it in the hand of one of my kind assistants, I withdrew the gum catheter from the bladder, through the wound in the abdomen, and introduced the prepared sound through the same passage. Having found the neck of the bladder, I pushed the sound into it as far as I could, and placed it in the hand of Mr. Welshman. Thus prepared, I made my incision down to the point of the sound in the urethra, and dissected carefully on till I could distinctly feel the sound in the neck of the bladder, when, having fixed my knife on its point, I gently withdrew it, and followed with my knife, dividing in its course part of the prostate gland and the neck of the bladder. Having now obtained a satisfactory entrance into the bladder, and this being accomplished without much loss of blood, my patient bore up well. He was now placed in bed, and the wound left open, with the view of keeping up a steady drain from the diseased gland, and an easy passage for the urine. At the end of three weeks my patient not having had a bad symptom, and the prostate very much diminished, I ventured upon passing a catheter down the whole length of the urethra, and healing up the wound in the perineum (the one in the abdomen was perfectly so). To effect this I had a silver trough made, which I introduced through the wound into the bladder; then passed an elastic gum catheter down the urethra, and fixing its point in the trough, I

passed it into the bladder. The trough was then withdrawn, and the wound dressed with caustic and lint. At the end of nine days the wound in the perineum was quite healed, and I withdrew the catheter, and in a few hours my patient made water, to use his own expression, "as well as ever he did in his life." It is now nearly three years and a half since the operation, and he has remained perfectly well, never having once complained of difficulty in voiding his urine.

The hæmorrhoids are much better, and he has ever since been able to follow his occupation with comfort.—*London Lancet.*

ANIMAL MAGNETISM IN LONDON.

[AN able writer in the *London Lancet*, after describing some experiments which he witnessed at the University College Hospital, by Baron Dupotet de Sennevoye, makes the following observations. Whether they contain a true solution of the mystery of animal magnetism or not, they are worthy of attention in the present unsettled state of the public mind on this interesting subject.]

And now I come to the impression made on me in the way of explanation. I entirely give up the idea of collusion on the part of the patient; she was much too pretty and light-hearted to be the instrument of a cold-blooded and painful fraud. To say no more of the pinching and the snuff, it would have required a long drilling to teach a girl the symptoms to be counterfeited; and what would be the chance of a foreigner's finding the requisites united, in an out-patient in the University College Hospital?

The explanation, I apprehend, lies in a much shorter compass. It is simply, that the waving motion of the hands (which it is observable is as perceptible to the patient when the eyes are shut as when open, especially if the face be turned towards the light, as anybody may convince themselves by experiment with their own hands) produces an action on the brain (akin, perhaps, to the dizziness produced by the sight of running water), sufficient in *some* epileptic patients (in the actual case, one out of two) to bring on a real repetition of the epileptic fit. I never felt any doubt that the patient was in one of her epileptic fits; and the remark of the women is confirmation of the identity. What troubled me, was the idea of what would become of us all if the patient never recovered, and we were brought before the coroner. How the recovery was brought about, I admit to be the mysterious point; but if we will only keep our wits about us, and not be run away with by admiration of the marvellous, we must be on the point of finding out the whole. The fact already ascertained, I maintain to be, that certain motions before the eyes produce a cerebral affection, capable of inducing epilepsy in certain states of predisposition. There is nothing in this more wonderful than in many other facts established by experiment. For example, a few weeks ago I experienced, for the first time, what I remember hearing the servants talk of when I was a boy, that certain patterns upon walls and furniture produce giddiness. I was in a room

at the Albion, and found the walls turning round. My first thoughts were of apoplexy; but the recollection of the servants' assertion came to my relief. The paper on the walls was a crimson ground, with something like serpentine columns in white, reaching from the floor to the ceiling. Now if so slight a circumstance can produce a cerebral affection in a person of strong nerves and free from disease, there seems nothing unreasonable in believing that a wavy motion before the eyes of a weakly patient may produce a *sui generis* effect upon the brain, which in epileptic habits shall have a tendency to produce recurrence of the fit. It appears to be merely a question of experiment. An honest scepticism does not consist in refusing to believe that a cause *A* may produce an effect *B*, if experiment proves them to be connected; but in refusing to believe anything without competent proof.

Another point of circumstantial evidence in support of the absence of collusion, I think I see in the following. Though not medical, I have enough of general information to know, that one of the first symptoms by which cerebral affections in general demonstrate themselves, and particularly in women, in consequence, probably, of the greater contrast with their previous habits, is a diminution of the ordinary restraint on language. It takes place in insanity, in drunkenness, in the delirium of opium, and in epileptic fits which are only another form of cerebral affection. Everybody knows that when ladies faint, there is a hustling away of gentlemen; which is not so much on account of the necessity of cutting laces, as for fear of what might be said by the patient during the temporary suspension of restraint. The purest-minded woman upon earth, might talk of her innocent preferences, her state of health, or many other subjects on which witnesses would not be desirable. Now I submit that in the case described, there is just so much of this kind of evidence as goes to establish the cause assigned. It is out of the range of probability, that a foreigner should have been able to instil with effect into the mind of a hospital patient, that precisely such and such a departure from her ordinary restraint in language and conversation, would best keep up the character she was to assume. I therefore conclude it to be more likely that there was a real affection of the brain.

One inference would appear to be, that the cerebral irritation which induces the epileptic action, at least of the artificial kind, is attended with no pain. It may even be attended with soothing and agreeable sensations; as in the case of a little girl of my own, of four and a half years, who always requests to be "tickled" to sleep, the "tickling" consisting in somebody drawing their hands over her face, which invariably sends her, in a few minutes, to sleep. Various questions of importance may also suggest themselves. If there is a process that removes the artificial fit, will it lead to a way of removing the natural one? And what is to be the effect of the artificial fits upon the patient? Epilepsy is understood to be confirmed by habit; is then the repetition three times a week of the artificial fit, to go towards confirming the habit, or may it have a tendency to act as a vaccine, and prevent or modify the natural disease? It has been asserted in some of the newspapers, that the patient described has had no recurrence of her natural fits since the artifi-

cial practice. If this be so, there appears something like an exhaustion of the epileptic tendency.

I have not witnessed any repetition of the experiments, but I have heard the accounts of a person in whom I have confidence ; and as nothing but sheer imbecility can prevent the immediate ascertaining whether the main facts are correct or not, I shall take the liberty of alluding to them under that reservation. He says he saw the process tried on a girl of fourteen (whom, I surmise, I recollect), an in-patient in the hospital, suffering under what the doctors called "ecstatic delirium," left behind by a fever. She was exceedingly violent and abusive, assailing the Baron with the common-places she had heard employed against foreigners, which, fortunately, he did not understand ; but after the "sigh" which would appear to be a general symptom, she came out a quiet, timid, orderly little girl, answering with great propriety to everything which was said to her. If this be so, the artificial cerebral irritation, whatever it is, would appear to have a tendency to quiet delirium. An effect of the same kind, I think, has been asserted to have been produced on maniacal patients, by turning them in what our forefathers called a whirligig. The patient whom I saw, is also described as having approached much nearer to rationality during the access, or to have had the fit in what may be called a diluted state. As one instance, I understand that when pestered with questions in her ear, she attempted to rise and make a manual defence ; which reminds me, that when I saw her, she, either by accident or design, gave a sound cuff to one unhappy questioner. Does the artificial stimulus, then, wear out, or alter its effect by repetition ? And does this wearing out modify the results, and so produce different phenomena in the patient ? All these seem among possible things, and all seem to be determinable by attention and care.

What appears to be the subject for regret, is, that instead of pursuing the connection between causes and effects with scientific caution, it should have been chosen to attempt to envelope the whole with the name of a new and mysterious science, and invest it as far as possible with something of the supernatural. I cannot help avowing, that unless it was considered as a necessary compliment, the medical men present seemed to lean to the side of the question which they ought not ; in short, there was a little of a *gobe-mouche* spirit abroad. For instance, some of the questions they asked were in the highest degree unwise ; not only as implying the expectation of supernatural or extra-natural responses, but as having a direct tendency to act as what counsel call "leading questions." Take for example, "How many more times must you be magnetized before you are able to see with your eyes shut ?"—which my informant seems to think was afterwards extended to asking how long it would be before she could tell what o'clock it was by a watch held to the pit of her stomach, to which, after much teasing, she appears to have held out something like a promise of hope. At the same time it is but fair to say, that these questions may have been put at the direction of the Baron, and have been considered as an essential part of the trial of his process. And in one view, good may result in the end. The alchemists might obscure science on the whole,

by the wild and mystical view they chose to take of the operations of nature. But their most irregular flights had still a certain chance of discovering useful materials for the cooler heads of future generations to work upon.

My hope, therefore, is, that some medical person will take up the question with the advantages of professional knowledge, and will steer a just course between credulity on the one hand, and a sickly dread of discovering new truths upon the other, though concealed under any imaginable mass of the fantastic and the unsound. Truth can never be too soon secured, nor error too quickly got rid of. Fifty years ago, it is probable that some useful physiological facts which will now be elicited, would have been seized on by scientific men, if the whole subject had not been contrived to be involved in the mystical and the ridiculous. And what is there we might not come to now, if the reins were given to the supernatural and the unproved? Think only what a combination in politics might be made out of "Animal Magnetism" and St. Simonianism; or various other amalgams which will suggest themselves to the reader.

ERYTHEMA VENENOSA (TULLY).

[Communicated for the Boston Medical and Surgical Journal.]

"By ERYTHEMA VENENOSA is meant that peculiar erythematic or erysipelatous eruption which is produced by certain vesicating plants, as rhus pumila, radicans, toxicodendron and venenata."*

This eruption usually commences within twenty-four hours after exposure, with a dark-red or lead-colored efflorescence, tumefaction, heat, pain, and intolerable itching. On the following day the efflorescence and tumefaction are found to have increased, and small vesicles, containing lymph, make their appearance on the tumefaction; these gradually increase, enlarge, and become confluent. The parts first affected are usually the scrotum and penis; from these it gradually extends down the thighs and upon the abdomen. The face and arms are next affected, so that by the end of the third day it has usually reached its ultimate limits, occasionally affecting, in this way, the whole anterior surface of the body. The tumefaction, pain, heat, and itching, on the parts last affected, increase and vesicate, the vesicles enlarge, and the disease does not come to a crisis until the end of the fifth or beginning of the seventh day, when it begins gradually to subside, the vesicles burst and scabs are formed, the inflammation subsides, the scabs and cuticle fall off, and by the tenth day the disease disappears. In severe cases there is usually more or less constitutional febrile affection, of a *typhoid character*. The fever sometimes, though rarely, commences with rigors, more generally with languor, lassitude, loss of muscular strength, followed with rapid pulse, anxiety, restlessness, jactitation,

* See Prize Essay on Sanguinaria. Medical Recorder, Vol. xiii, page 281.

pain in head, back, and limbs; the tongue is coated with a thick brown fur; there is nausea, vomiting, faintness, palpitation of heart, and sometimes delirium.

The above brief description will apply to the most severe cases of this disease, when uninfluenced by medication. It, however, varies much in extent and severity, and is fortunately, in a majority of cases, confined to a single locality, as the face, arms, or legs, and so slight as to cause little or no constitutional disturbance. In those cases where there is considerable tumefaction of the face, the eyelids are closed and glued together. Add to this the constitutional symptoms already related, and it will be difficult to imagine a more pitiable situation.

In the *treatment* of this disease, I have endeavored to quiet the constitutional disturbance, and directly resolve the local inflammation. To accomplish this, my first measure has been to administer a sufficient quantity of *morphia* to quiet, as far as possible, the local and constitutional disturbance, and, if necessary, to repeat it in small, but suitable doses, at short and regular intervals. As soon as the patient becomes quiet, for the purpose of removing any offending matter from the stomach and bowels, and increasing the action of the secretents and absorbents, I would give a full dose of *proto-chloridum hydrargeri*. If this does not move the bowels in ten or twelve hours, it should be assisted by an enema or ol. ricini. To sustain the tone of the stomach and excite the action of the skin, an infusion of *aristolochia serpentaria*, *comptonia asplenifolia*, or *laurus benzoinis*, should be given. The diet should be light, consisting of farina, boiled *milk and water* or *animal jelly*. The topical application which I prefer, and have most used, for the purpose of at once putting an end to the inflammation, is a strong solution of *pure nit. argenti* (from twenty to forty grs. to f3i. of water). The pain produced by this is of short duration, and is speedily followed by a suspension of all disagreeable sensations in the part to which it is applied. If in the course of a few hours the heat and pain again return, the nit. argenti is to be repeated, and so on, as may be necessary. A little experience and dexterity are necessary in the application of this article. The skin should be previously washed perfectly clean with warm water and soap, and the inflamed surface should be kept wet with the solution several minutes. Should the redness and tumefaction be extensive, and the patient unusually susceptible, the application should be made only to a small extent of surface at a time (lest too much irritation be produced by it), and extended as the patient can bear it, until the whole inflamed surface has been freely touched. In this way *I have uniformly been able to subdue the disease with two or three applications.*

I have used and succeeded perfectly well with other articles. A solution of the *per-chlorid. hydrargeri*, of the strength of from ten to twenty grs. to f3i. of water, when liberally applied, produces rather more pain than nit. argenti, but is not less efficacious. My mode of using it has been to wet cloths or cotton batting with it, to lay them over the inflamed surface, and to suffer them to remain as long as they could be conveniently borne, or ten or fifteen minutes; and when

called early, for the purpose of preventing the spread of this erythema, I would recommend that the patient at the very outset be directed to wash, with a solution of per-ch. hydrargeri, every part liable to be affected with this eruption.

Unguentum per-oxyd. hydrargeri has succeeded perfectly well when the eruption has been limited, or confined to a small extent of surface, and there was no constitutional disturbance.

Sulph. Morphia. In the month of May last I wished to make a tincture of the rhus venenata, and for that purpose I walked about a mile in search of the article. After finding it, I shaved off as much bark as I wished, and threw it into a basket. On reaching home I was careful to wash my hands thoroughly with soap and water, and as I had frequently handled and used the article without being affected by it, I thought no more about it, but in the following night, about two o'clock, A. M., I awoke with a burning pain and itching of the serotum. I applied a solution of per-ch. hydrarg., so strong as to destroy both cuticle and cutis vera. In the morning the groins and penis were affected. In this way it traversed the principal part of the anterior surface of the body, when on the third day it appeared on the face. Its progress was thoroughly followed up by argentum and per-ch. hydrarg. By this time I had had enough of the last article. I did not like to *black my face*, although I had frequently blacked my patients'. The burning pain and itching of my face was beyond endurance; there was considerable redness and tumefaction, but no vesication. I applied freely a solution of sulph. morphia, twenty grs. to f3i. of water. This greatly increased my agony for a few minutes, but I soon had the satisfaction to find the eruption of the face perfectly subdued, as well as on every other part of the body.

Sanguinaria Canadensis. An infusion or decoction of this article is recommended, and I have no doubt but it will be found perfectly efficacious as an external application.

Diervilla Canadensis I have never used, but judging from its sensible properties, I should not expect much from it as an external application.

Prot. acet plumbi, nit. and carb. potassæ, and chlorid. sodæ, in solution, whether weak or strong, I know, from abundant experience, are all alike inefficient, only producing momentary relief, without affecting the progress of the disease in the least. The same may be said of the application of *cold water, ice*, and the expressed juice of certain succulent plants, as the *impatiens aurea* and *maculata* of Mich., and infusions of *rosmarinus officinalis* and *spts. of camphor*.

With the treatment, when judiciously managed, which I have recommended in this disease, I hesitate not to say, from abundant experience, that this disease, in any stage, may be subdued with great certainty, in from twelve to twenty-four hours. It is true that the application of a strong solution of either nit. argenti or per-ch. hydrargeri, causes a little pain; but the relief which speedily follows is commonly a sufficient inducement to the patient to submit to a second application when necessary. If, however, the patient be *remarkably susceptible*, the erythema extensive, *without a sufficient quantity of morphia* to control the pain

and constitutional disturbance, they might produce more pain than is desirable. In my practice I have had no difficulty in regulating their effects, or in producing a speedy resolution of the disease. A.

Meriden, Ct., Dec. 25th, 1837.

A WORM REMOVED FROM THE EYE OF AN ARAB RACE HORSE.

A HIGH-BRED Arab, then in the possession of Captain Seton, town major of Bombay, when under training was observed to be out of condition. The horse was dull, and off his feed, and had, what I have invariably observed, the strange, and almost unaccountable symptom of great weakness in the loins. The eye affected was slightly weak and watery, but free from any perceptible inflammation, and the aqueous and other humors were in a perfectly natural state. The worm had been distinctly seen for several days, moving about in the whole circumference of the anterior chamber, exactly like an eel in a basin of water, apparently in the full enjoyment of its natural element. It was nearly an inch long, of the diameter of sewing silk, and of a beautiful silvery whiteness.

Having previously secured the animal by casting him on a soft bed of straw, in a strong light, several persons holding his head down securely, in the presence of several sporting gentlemen, one of whom secured the upper lid with Pellier's silver elevator, with a common-cataract knife I made a free crucial incision into the cornea below the pupil. The aqueous humor immediately escaped in a sudden gush, bringing with it the worm, which did not long survive the change of its situation.

The eye was now secured much after the same manner as after the operation for extraction of cataract in the human eye, and measures were taken to prevent his rubbing it against the manger. The wound healed without a bad symptom; the aqueous humor was soon re-produced, and the sight not in the least degree injured. The animal rapidly improved in health, and became a great and deserved favorite on the Calcutta turf, where it was afterwards sent, winning many races.

It is well to observe, that in performing this operation a strong light is desirable, as it is necessary to the operator to distinctly see whether the worm comes away with the aqueous humor. I have in two instances performed this operation, when, from the aqueous humor spirting out on the ground, the worm could not be discovered; though, from the favorable issue of the cases, I infer it must have come away. The worm does not always confine itself to the aqueous humor in the anterior chamber; I have seen it disappear apparently behind the iris, and again return through the pupil.

It is easy to conceive the injury that is likely to arise from the continuance of the worm even in the anterior part of the eye; but how much more so would it be in the posterior and more sensitive parts of that organ, and out of reach of observation. Though I have no means of knowing it to be the fact, yet I firmly believe that many eyes are lost

from the same cause, simply from the inflammation and ulceration produced by the presence of this irritating foreign body in so sensitive a part.

INGENIOUS MODE OF REMOVING CONGESTION OF THE BRAIN.

SIR JAMES MURRAY has turned the dry-cupping principle to a very ingenious account. He presented to the British Association an ingenious contrivance, something like a slipper bath, which had an air pump for exhausting the air applied to it. The patient was placed in it, and it was then made air tight, leaving him a breathing communication with the external atmosphere. The air was then exhausted from the interior, and atmospheric pressure removed from the surface of the body. About a pound of atmosphere being exhausted, took off a ton of atmospheric pressure. The consequence was, where the body was before cold and collapsed, the vessels were immediately filled up and rendered turgid, while it did not at all interfere with the process of respiration. He exhibited another application of the same contrivance, of a long tin tube made air tight, and with a piece of wet bladder round one end, which was open; at the other end, which was closed up, a small exhausting air pump was placed. A patient with a paralytic wrist put his hand into this, the wet bladder was tied round his arm at the top to make it air tight, and the atmosphere was then pumped out of the tube by the patient himself or any person. The atmospheric pressure being taken off, the limb became turgid, the circulation was increased, and the part affected was soon cured. There was another adaptation of the same contrivance to the limbs to draw off the effect of congestion of the brain. There was another application to stop hæmorrhage in an injured hand, limb, or other extremity. An exhausting pump was fixed to the end of a bladder, the limb was put into the bladder, and the neck then tied round to make it air tight. The air was then completely exhausted by means of the pump, which compressed the bladder so close to the skin as effectually to stop even the pores of the skin. The same contrivance of a bladder and exhausting pump was also applied for the cure of ulcerated legs, by preventing the evaporation of the ulcers, by exhausting the air, and making the collapsed bladder adhere tightly all round. There were several other ingenious contrivances and applications of the same invention, the exhibition of which, and the inventor's happy humor, elicited loud applause.

A vote of thanks was given to Sir James Murray for the very valuable instruction he had conveyed.

Lobelia.—Mr. Whitlaw states, in the London Lancet, that the *lobelia inflata* which grows in wet, clayey soils, is a powerful poison, its narcotic power being then in great excess. He also states that exposure to light deprives the tincture, or any of its preparations, of its antispasmodic power, whilst the narcotic remains.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, JANUARY 3, 1838.

VERMONT ASYLUM FOR THE INSANE.

WE know not to whom we are indebted for a copy of the first annual report of the Trustees and Physicians of this infant institution, which was presented to the legislature in October. It has been a long time on the way from Montpelier—two months to a day. However, it gave us pleasure to read it, because it shows the progress of humanity, and the triumph of science in ameliorating the sufferings of a class of human beings who have been most woefully neglected in this country, till within the last few years.

Dr. Rockwell, the Superintendent and Physician, has hardly had an opportunity of showing what, we have no doubt, he will ultimately accomplish, viz. the complete restoration of many who are now totally lost to the world. We perceive, in the report, that he is perfectly familiar with the duties of the responsible office in which he has been placed, and we doubt not that the Vermont Asylum will hereafter become eminently distinguished for its success under his administration. A want of room is already discoverable; patients have been denied admission because there was no place to put them. This has been the case in all the insane establishments in New England; they were too small in the beginning, and the enlargements have been, in most instances, sadly at war with all architectural effect. Whether the Vermont legislature voted anything towards the construction of another edifice, we have no means of knowing; it is presumed that they acted wisely on Dr. Rockwell's recommendation, and that a new building is already in progress.

The asylum was first opened for the reception of patients on the 12th of December, 1836. The whole number has been forty-eight: eleven of these have recovered, and sixteen have improved. But the fact is worth recording, and is of itself worth the cost of the entire asylum—that *eleven have recovered*.

From the commencement, say the trustees, an excellent farm, of fifty acres, was procured, as a necessary appendage, the importance of which is daily felt in the management of the insane. Vermont is principally an agricultural State, and the probability is that most of the male patients will be farmers; this, therefore, is a commendable provision. The Mc Lean Asylum, at Charlestown, as well as the State Lunatic Hospital, at Worcester, have both been prodigiously cramped for land, and both have been compelled to purchase, at very high rates, in consequence of not at first appreciating the importance of horticultural labors in the moral treatment of the insane.

The current expenses of the Vermont Asylum, which is located in the beautiful town of Brattleborough, up to September, were only \$3,484 71. There were received, within the same period, for the board of patients \$1,866 73.

In conclusion, we hope the State of Vermont has given the Superintendent a generous salary. There never has been a man in the United

States, fully competent as a medical officer, who has been paid one half as much as he merited. They should be cheered continually with the bright prospect of retiring, before they have lost all relish for society, with a competency. It is a life of unceasing anxiety, fatigue, watchfulness, and painful responsibility.

Anatomical Dissections.—The New York Sunday Morning News has a sensible article on this subject, which shows the editor to be a man of liberal views, and disposed to have the profession sustained in anatomical pursuits, as the only mode of securing a learned and skilful faculty. "In this country," he remarks, "every obstacle is thrown in the way of the anatomical student. Public opinion is strongly against it, and a law is still in force making it a criminal offence to procure subjects for this purpose. If this law was repealed, and another passed in its place, requiring the body of every person dying in hospitals, prisons, and other charitable institutions, to be examined, the medical profession would soon double its means of doing good; and instead of being almost entirely dependent on Europe for improvements in the principles and practice of the science, would walk forth in the broad and unlimited field of discovery for itself. It is to be hoped that it will not be long before public opinion upon the subject will become so changed that surviving relations will think that they have not done their duty unless they have had a full examination of the body of the deceased, and ascertained the cause of his or her death, and the propriety or impropriety of the treatment which has been pursued. Such a practice would soon lead medical men to be infinitely more skilful and cautious." The State of New York must have been in view in writing the above sentiment. In Massachusetts the law has made liberal provision for facilitating anatomical studies, by a modification of the old law, which we hope will ultimately be copied by every State in the Union.

Medical Newspaper.—Drs. Clymer and Biddle, of Philadelphia, will issue this day, in that city, a new medical periodical, called the *Medical Examiner*, on a large sheet, making sixteen pages, 8vo. in double columns, at three dollars a year, in advance. The requisition that the subscription shall be in advance, is an excellent arrangement, which will save them a prodigious deal of vexation. The old custom of trusting out, or opening accounts with two or three thousands of persons over the whole United States, is necessarily attended with severe losses. From the little we know of the proposed Examiner, there can be no doubt that it will merit great success; and to those at the north who would like to become its patrons, we offer our personal services in transmitting their names and residences. On the reception of the first number, something illustrative of the mode in which it is to be conducted, will be ascertained.

Eclectic Journal of Medicine.—It is gratifying to hear that Dr. Bell is well sustained by a substantial subscription list. Those who are interested in the progress of medical science, in this country, must certainly feel proud of the energetic measures of the conductor of that work. He evidently devotes himself with well-directed efforts to raise the

standard of taste in medical literature, and demonstrates, too, his qualifications for the editorial management of a very excellent periodical.

Iodine in Strumous Ophthalmia.—In strumous ophthalmia constitutional treatment is of the highest importance. Iodine is occasionally employed with good effect, when there are scrofulous tumors in other parts of the body. One of the best preparations, is the liquor ferri hydriodatis, which unites the tonic properties of iron to the specific alterant powers of iodine. Great as is the intolerance of light in this malady, the patient should not, generally, be indulged in the luxury of a room made entirely dark; for the susceptibility is thereby augmented, and the powers of the constitution still farther impaired. Active exercise in the open air, is one of the most important remedies within our reach.

Explanation of the Modus Operandi of Narcotics in dilating the Pupil.—A graduate of the University of Pennsylvania, Dr. Samuel Cooper, was the first to point out the power of narcotics in dilating the pupil. His experiments were made with stramonium, in 1797. An ingenious explanation of the modus operandi of these substances is given by Mr. Walker. He supposes that the branches of the 3d and 5th pair of nerves, which unite to form the lenticular ganglion, preside, respectively, over the dilatation and contraction of the iris; the former being appropriated to the radiated, and the latter to the circular or orbicular, fibres. Filaments, from the same division of the 5th, are also distributed to the palpebræ and forehead, and through this nervous communication the narcotic influence is propagated to the sphincter fibres of the iris, which, by their extreme delicacy of structure, and the absence of any fixed attachment, are rendered liable to paralysis from a degree of narcotism which would not otherwise be perceptible. The contraction of the orbicular fibres being thus temporarily suspended, while those supplied by the third pair preserve their vitality unimpaired, the antagonism is destroyed, and dilatation is, of course, the result. In other words, there is a paralysis, more or less complete, of the circular fibres of the iris.

Singular Gun-shot Wound.—In the late operations of the French army in taking the city of Constantina, General Perregaux received a musket ball at the root of the nose, exactly between his eyes—says an officer in writing to the *Messenger*—and “Dr. Bandeus has already extracted a number of splinters. The ball penetrated to the depth of two inches, in a bony place, and when suppuration takes place, it may probably be extracted.” Hopes are entertained that the General may be saved by the care and skill of his medical attendants.

Medical Lectures in Maine.—A few weeks hence the lecture term will open at Bowdoin College, a school which has always sustained an excellent reputation. Those who can make it convenient, when the lectures close in Boston, Hanover, Berkshire, Castleton, Fairfield, and New Haven, to join the class at Brunswick, will find themselves under the guidance of professors of eminent talents and moral worth. Dr. Roby,

it will be recollected, of this city, takes the chair of Anatomy and Physiology. Students, by communicating with him, may inform themselves in relation to the cost of board, tuition, &c., items of considerable importance to those going amongst strangers.

Auction of Medical Books.—It would really be worth while for gentlemen who are desirous of increasing their libraries with good and substantial works, to employ an agent to purchase for them, at some of the auctions which frequently take place in Boston, if it is not convenient to attend the sales themselves. Even the latest works, such as Liston's Surgery, Prichard on Insanity, Laennec on the Chest, &c. &c., were sold, a week or two since, one would suppose, below the actual cost of binding. At this particular season, it is very common to have medical books offered in this way, and by the expenditure of a little time, a choice collection of the best works known to the profession might be collected at less than half their true value.

Medical Miscellany.—The military hospital at Jacksonville, Florida, under the care of Dr. Walsh, was totally destroyed by fire on the 17th. No patients, fortunately, in the house.—Drs. Brevoort and Allen, lecturers on phrenology, seem to meet with enthusiastic encouragement at Fall River.—Dr. Robert Mayo is preparing a book to be entitled *Eight Years in Washington*.—Complaint has been made in Congress that only one surgeon, on the Mediterranean Station, was allowed to more than a hundred patients. There never has been a sufficient number of surgeons in the navy, since the organization of the government. Five hundred more, at least, should be put in commission, to meet all emergencies.—A reward has been offered by Sir Francis Head, Governor of Upper Canada, of 250*l.* for Dr. Charles Duncombe, a patriot leader.—Frost, the Thomsonian, in the city of New York, has been declared guilty, by a jury, of manslaughter in the fourth degree, and recommended to mercy.—Small-pox has appeared at Milford, Mass., causing considerable alarm.—Dr. Masson, who last summer offered a reward for Lord Gosford's head, has been taken prisoner by the loyalists, at St. Charles, Lower Canada.—The sale of hygeian pills in this country, in one single year, as proved in court at New York, in Sears's trial for counterfeiting them, amounted to between three and four hundred thousand dollars.—The cholera has broken out at Constantina, and several distinguished officers have been carried off by it.—A true bill was found against Dr. Stennett for shooting at Capt. Graves, on the passage from New York to Jamaica, where the doctor is in durance.—Dr. John Marshal, of Woodford county, a brother of the late chief justice, has been appointed President of Transylvania University.—The last number of the Southern Medical Journal contains Dr. Warren's Rhinoplastic Operation, with the lithographic illustrations, which latter were sent from Boston.

DIED.—At Charlton, Mass., Dr. Ebenezer H. Phillips, aged 81. He has practised medicine sixty years.—Near Edenton, N. C., Dr. Matthias E. Sawyer, aged 33.—In Jefferson Co., Va., Dr. Robert Waters, aged 60.

Whole number of deaths in Boston, for the week ending Dec. 30, 36. Males, 24—Females, 12.

Consumption, 6—scarlet fever, 2—sudden, 1—tumor in the chest, 1—intemperance, 2—drowned, 1—
inflammation of the lungs, 1—old age, 1—dropsy, 1—inflammation of the bowels, 2—hemorrhage
of the lungs, 1—cholera infantum, 1—dropsy in the chest, 1—teething, 1—hooping cough, 1—burn,
1—chronic diarrhœa, 1—pleurisy, 1—stillborn, 1.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri, or Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.
The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

LOWE & REED,
21 Merchants Row, Boston.

Jan. 3. lyreop

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 19th of February, 1838.

Anatomy and Surgery, by JOSEPH ROBY, M.D., late Demonstrator of Anatomy in the Medical School of Harvard University.

Theory and Practice of Physic, Obstetrics and Medical Jurisprudence, by JAMES M'KEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person, becoming a member of this institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$51. The lectures continue three months.

Degrees are conferred at the close of the lecture term in May, and at the following Commencement of the College in September.

Professor M'KEEN, who has been absent during the last year, visiting the hospitals of Great Britain and France, will return to this country before the commencement of the lectures.

P. CLEVELAND, Secretary.

Brunswick, Oct. 1837.

Nov. 8—eop6t

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

JOHN H. DIX, M.D.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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WEDNESDAY, JANUARY 10, 1838.

[NO. 23.]

HUMULUS LUPULUS. THE HOP.

FROM SIGMOND'S LECTURES ON THE MATERIA MEDICA.

THE hop is indigenous to England, although its use in domestic beverage did not come into fashion until the reign of Henry VIII., when its utility was first taught by the Flemish beer makers. At first, it does not seem to have met with very general approbation, for we learn from Bliith, that the good people of the city of London petitioned against two articles, which are now considered indispensable to our comfort, Newcastle coal, and hops; the latter nuisance was complained of "in regard they would spoyle the taste of drink and endanger the people." We find soon, however, that they came into general vogue; and Parkinson observes, "The ale which our forefathers were accustomed only to drink, being of a thicker kind of drinke than beere, is now almost quite left off to be made; the use of hops to be put therein altering the quality thereof to be much more healthfull, or rather physicall to preserve the body from expletion of grosse humours which the ale engendered."

This plant grows spontaneously, in hedges and bushy places, in moist rich soil, in almost all parts of Europe, and likewise in North America. Fuchsius tells us, that it is the same as the *bruo* of the Greeks, and the *lupus salictarius* of the Romans, a plant which, according to Pliny, grew amongst the willows, and twining around them, choked them, and was as destructive as the wolf, from which it took its name; the generic appellation of "*humulus*," is thought to have been given to it in consequence of its preference for a humid soil. It is said that our English name is derived from the Anglo Saxon verb, *hoppan*, to climb, but that verb, both in Danish and Teutonic, seems only to have been used to signify that which it does in modern English, *to jump on one leg*. Professor Burnett, whose love for philology was one of his particular characteristics, thinks it comes from a verb, meaning *to climb*, and that it was intended to describe the peculiar habits of the plant.

The hop has a perennial root; it rises by several weak, twining, angular, rough stems; it does not climb by tendrils, but ascends a prop, trees, or shrubs, on poles, or in hedges; it is often made to reach the height of twenty feet or more, always with the sun, that is, from right to left, or from east to west by the south; this direction is followed by some other plants, such as the honey-suckle, and the black-briony,

whilst most of the leguminous plants, such as the kidney-bean, turn the contrary way. The leaves are opposite, heart-shaped, serrated, entire, three or five lobed, of a deep-green color, and sustained on long foot-stalks, which, as well as the leaves, are rough, with minute prickles. The stipules are two or four, heart-shaped, bifid at each joint. The flowers, which are on distinct plants, are axillary or terminal, and furnished with bractææ. The males are on branched peduncles of a greenish-yellow color; the calyx is formed of five oblong, concave, minutely serrated sepals; there is no corolla; the filaments are five, they are short, and have oblong anthers. The females are in axillary, stalked, ovate, drooping catkins, composed of membranous scales of a pale-green color, and containing the germen, which is small, having two very short reflex styles, and awl-shaped downy stigmas.

All the peculiar fragrance and bitterness of the hop are concentrated in a principle which is spontaneously formed upon the scales of the strobiles of the female plants. It is to Dr. Ives, of New York, that we are indebted for the knowledge we have gained upon this matter; for he first pointed out, and by a variety of experiments demonstrated, that the hop, on being shaken and sifted, yields a powder which has a very subtle aroma, which is soon imparted to water and alcohol, and which is very speedily dissipated by a high temperature. To this substance, the name of "lupuline" has been given, and lately it has been called "lupulia." In the market it is commonly known under the technical term, *condition*. Lupulia contains tannin, gallic acid, and a bitter principle; these are soluble in alcohol and in water; it has an extractive matter, which is soluble only in water; it contains resin, soluble in alcohol and ether, and wax, which is only soluble in alkalis and boiling ether. The aromatic and bitter properties of the lupulia are more readily and completely imbibed by alcohol than by water, and much sooner by both hot, than when cold; about five eighths of the whole are soluble in water, alcohol, and ether, there being about three eighths of a vegetable fibrous matter. Having ascertained that for brewing, the only part of the hop which was absolutely and indispensably necessary, was this lupulia, Dr. Ives proceeded to discover what quantity was yielded by a given weight of hops. Six pounds of hops, from the centre of a pocket, were put into a light bag, and, by thrashing, rubbing, and sifting, fourteen ounces of lupulia were obtained. The idea that was then entertained, was, that dry hops would produce a sixth part of their weight of this substance; and this was confirmed; for two barrels of beer were made, in which nine ounces of lupulia were substituted for five pounds of hops. Although the quantity of lupuline was less than commonly enters into the same quantity of wort; and although the weather, for this was done in the month of June, was, in consequence of the great heat, unfavorable to the beer, it was, at the end of five weeks, remarkably fine. This may prove a discovery of essential advantage to the brewer—it may render the whole hop unnecessary; and, as Dr. Ives observes, "if any mechanical means can be devised by which the lupulia may be easily and readily separated from the strobiles, it will consummate an improvement of incalculable value in the preservation of hops and the art of brewing."

MM. Payer and Chevalier obtained a volatile oil from the lupulia, which is very similar in its odor to the hop, but is much more penetrating, feels harsh to the mucous membrane of the nose, and that of the throat, and is likewise narcotic. Dr. Ives had not observed this oil; from its great solubility in water, and its volatility, it at first escaped his attention.

Mr. Planche has given a formula by which lupulia may be obtained in a purified state; he directs "to separate the sand from the lupulia, put it into water, shake it for a few minutes, decant that which is held in solution by the water, and a dark-colored sand is deposited. Repeat the process several times, and spread the lupulia, which is insoluble in water, on bibulous paper; let it drain, and then dry it in the air, neither exposed to the sun nor to a temperature above 76 degrees. It should be prepared yearly, and this cleansing process must be quickly conducted, or it will undergo a change."

The uses to which in domestic economy the hops are placed, are principally to communicate their peculiar aromatic, agreeable flavor, and to cover the sweetness of undecomposed saccharine matter, and to separate a portion of a peculiar vegetable mucilage, in consequence of the gallic acid and the tannin they contain. This mucilage diffused through the beer, would very speedily assist in the decomposition that would occur, and the consequent conversion of the fluid into vinegar. The separation, in small flakes, like those of curdled soap, is produced by the hops, and if the beer or ale be very thick, full-bodied, and apparently abounding with this mucilage, the probability is, that if it be kept but a very short time it will run into fomentation, and be unfit for drinking. It is in the solution of malt and water known by the name of "wort," that the hops are boiled, until the liquor "parts," as it is called; that is, until this mucilaginous portion, which rendered it turbid, separates; and they are afterwards removed by pouring the fluid through a coarse strainer, before the cooling and subsequent fomentation take place.

Great medicinal virtues have at some periods been ascribed to the hop plant, and some of the older herbalists speak of its powers in very enthusiastic language; but more modern inquirers have shown that the limits of its utility are very circumscribed. It was at one period described as one of the most valuable medicines for the solution of stone in the bladder. It was said by Lobb to be capable of softening the hardest calculus. "*Decocto emollitus est calculus urinarius durissimus, unde concluditur lithonthropici vim in corpore humano exercere posse,*" are the words of Murray, of Gottingen; and our great botanist, Ray, seems to have believed that since the hop had been introduced to make beer, fewer individuals had labored under nephritic complaints in London than previously. However, this opinion soon lost ground, and the very reverse doctrine was promulgated, that the hop was productive of calculous complaints; but we find Dr. Quincy, in the "London Dispensatory," thus delivering the general views of medical men: "That part of the plant which is such a mighty commodity in England, and used in our malt liquors, is reckoned very discutient, aperitive, and

good, in all obstructions of the viscera, and particularly of the liver and kidneys, and therefore that notion of such liquors from them reviving a disposition to breed the stone in the bladder, can have no foundation. They are likewise an agreeable bitter, and, upon that account, good to strengthen the stomach, and render those liquors in which they are brewed much more grateful to it."

I believe that to a stomach in the right exercise of its functions, the different varieties of malt liquor will be beneficial, and that there is no probability of any morbid secretion taking place; but it may be very fairly asserted, that there are very few people who have the organs of assimilation in a proper state, and that the great tendency, after a certain period of life, is to the formation of acid. In the process of digestion, if the laboratory of nature do not possess the proper powers, the food undergoes the same decomposition that it would do if exposed to the action of the atmospheric air, and the consequence is production of acidity. As the acids thus formed would endanger the great organs of life, the kidneys remove them, and they are thrown out by the urinary fluid, or they become deposited in the kidneys or bladder. In some cases beer is very quickly conveyed into the circulation, and from thence passes to the kidneys, so that its diuretic powers prevent the acids from becoming deposited, and from remaining in the system; and hence, when it proves diuretic, it may be considered serviceable in calculous affections, and may be recommended to be employed with the food. but, on the other hand, the beer when taken may not only impede the half-performed digestion, but promote acidity, and its extended train of evils. Again, so far from being a diuretic, it may rather deaden every part of the nervous system, and prevent the tissues and organs from being sensible to their usual stimulus. It then retards the circulation; the kidneys take up the acid, and seem to want the power of transmitting it through their own tissues, and hence formation of various kinds are produced. As I shall hereafter have occasion to dwell upon this subject, when speaking of diuretics, I shall only observe, that when there is acidity, heartburn, flatulence, and a previous tendency to calculous disorders, beer will be very injurious, and the red gravel will be produced, and that more especially will be the result of taking ale. There is a fashion now predominant of taking soda with ale or porter, and certainly in many instances in small quantities it assists in promoting digestion, and in neutralizing the superabundant acid.

Coles, the herbalist, in 1657, and Dr. Brookes, in our Dispensatory, have both of them spoken of hops as medicinal, but the subject was very much brought before the profession in the year 1801, previous to which there were a few scattered observations, but Mr. Freake recommended it as a valuable bitter, and published the result of his experience, and this was confirmed by several of the medical men of the day, whilst others again tried it in various diseases. Thus Dr. Latham was induced to give it in phthisis, and considered it in the last stages to be a very valuable substitute for laudanum; he found it, too, very serviceable in checking obstinate vomiting. Dr. Mayo had occasion to speak very highly of its efficacy in the convulsive diseases to which young

children are liable, and more particularly under the influence of teething. Dr. Stone was convinced that it possessed considerable power in the removal of the greater number of symptoms which attend disordered states of the stomach. Dr. Maton formed a high opinion of its value as a sedative. Dr. Cullen said, that he had learnt from the highest authority that it was employed in Spain as a sudorific, when the remains of the syphilitic taint lingered in the system. It was also recommended for worms, and the practice of Darelius, who spoke of it as an anthelmintic, was revived.

All these authorities have led to the employment of the hop in the shape of tincture, or of extract, and, though it may not be an active medicine, it is highly useful, and very much aids other medicines by its soothing power on the stomach, and its grateful bitterness, which renders it a very serviceable tonic where other drugs could not safely be administered. The extract of the Pharmacopœia is to be made of two pounds and a half of the hop, and boiling distilled water two gallons; macerate for twenty-four hours, then boil down to a gallon, and strain the liquor while hot; finally, evaporate to a suitable consistence; of this, five grains to a scruple may be employed. For the tincture now called "*tinctura lupuli*," and before, "*tinctura humuli*," take of hops six ounces, proof spirit two pints, macerate for fourteen days, and strain; of this, from thirty minims to two drachms may very fearlessly be prescribed. Dr. Ives attributes the stimulating effect rather to the proof spirit than to the hops, and therefore thinks the tonic or narcotic influence cannot be of much remedial benefit. He has been led to prescribe lupulia, and he finds it frequently induce sleep, and quiet nervous irritation, without causing costiveness, or impairing, like opium, the tone of the stomach. A tincture is made by digesting two ounces of the lupulia in a pint of alcohol, of which, from one to two drachms is the dose. Dr. Ives states, that inquietude and watchfulness, connected with excessive irritability, in all gradations, from the restlessness consequent upon exhaustion and fatigue, to the most uncontrollable paroxysms of delirium tremens, are more frequently allayed by this remedy than by any other. There is a formula, which is called Magendie's powder of lupulia, which consists merely in rubbing one part of lupulia with two parts of white sugar, until they are intimately blended, which forms a mass by being beaten, from which pills can be made, and this is the best preparation that can be employed.

An infusion of the root of the hop has been used instead of sarsaparilla, and likewise for nephritis. There is an infusion ordered by our Pharmacopœia, but not of the root, to be made from six drachms, macerated in a pint of boiling distilled water, for four hours, in a vessel lightly covered, and then to be strained. Externally, an ointment has been used in cancerous sores to relieve pain, and a cataplasm of an infusion of the dried strobiles has been applied with some good result to ill-conditioned and sloughing ulcers. The pommade de lupuline is made of three parts of lard and one part of bruised lupulia; dissolve in a warm bath, and strain it through a lawn sieve; this has been spoken of as a very valuable application for soothing pain. A pillow stuffed

with the strobiles of the hop, and gently warmed, until the aroma is fully developed, has been from an early period a great favorite as a domestic remedy against sleeplessness, but it does not produce much effect unless a little camphor be added to it, when the odor seems much increased, as well as the powers of the plant.

REMARKABLE CASE OF BILIARY CALCULI.

THE following communication was addressed to Dr. Paul F. Eve by Dr. S. B. Cunningham, a highly distinguished physician of East Tennessee.

Dear Sir:—Accompanying this you will receive two hundred biliary calculi, being a part of the number obtained on a post-mortem inspection of an individual (namely, the late Judge E—), of this place. We have retained about fifty as specimens of illustration for the use of private students. I trust that what I send may be added to your collection of morbid specimens, and with your superior talents and opportunities, subserve in some degree the philanthropic intention expressed in the dying request of him who fell a victim under their influence.

I am able to glean but a few prominent facts from his previous history which bear relation to the disease, so as to aid in illustrating its pathology.

First, then, I remark, he was by birth a Virginian, descended from a family of rank and influence, of but ordinary strength of physical constitution naturally, but endowed with uncommon strength and vivacity of intellectual powers, with devoted and untiring perseverance in literary pursuits. As a matter of course his habits were sedentary. Of a sanguine bilious temperament, and from his associations in life, he was tempted to partake liberally of the indulgence and luxury of the table (a thing common in his day). The evils to be apprehended to such an one, under such circumstances, have been too often experienced and explained to need comment. He had suffered several attacks of intermittent fever whilst a resident of Norfolk, which left him with disease (probably enlarged or indurated spleen), from which, I am led to suppose, he never entirely recovered. Somewhere between the years 1815 and '20, he removed to Tennessee. He was at that time from 45 to 50 years of age, and had become quite corpulent—rather oppressed with obesity, which rendered him the more sluggish and inert. His superior talents soon designated him as a fit character for the bench of the Supreme Court. Looking over the geographical boundaries of the State, and considering the arduous duties of the office, we can perceive at once that it must have been oppressive. Having to travel over a boundary of several hundred miles of mountainous country, alternating with the confinement of official duties, it must have broken down his already weakened powers. It was in one of these travels that he was seized with the first of a series of spasms of the stomach, as was then thought, which visited him at irregular intervals until the close of life. These attacks were supposed, by his medical attendants, to be gout in the stomach, and the treatment corresponded with this pathological view.

The means employed were venesection, blisters, with a profusion of revulsives, anodynes, &c. &c., but all to little or no purpose—the pains and spasm still continued. The warm bath was the first application to afford relief, and this was his chief means of reliance for many years when the pains returned. The writer was first called to administer to his relief in 1830, some years after he had retired from office in hopes of regaining his health on his farm. On this occasion he was seized with pains in the right hypochondrium and with general abdominal tension, at first supposed to be colic—further characterized by costiveness, full tense pulse, furred tongue, and some thirst. To subdue these, I find, by reference to my book, I had recourse to repeated and copious bleeding, warm bath and purgatives. The last of these measures had to be administered in unusually large doses; about 30 to 40 grains of calomel, with a large pill of opium, followed by repeated and full doses of jalap and oil, before they produced anything like full action of the bowels. This was usually the case when he had occasion to take medicine at all; but his dejections, when procured, were of a healthy aspect, presenting the appearance of a due admixture of bile, and of healthy consistence. This was their quality, too, when not taking medicine, which he rarely needed. But little gastric disturbance was ever manifest; he could retain the most nauseous medicine without vomiting, and eat heartily (if allowed), when relieved of the severity of the pain, at any time during his illness. In these first attacks, he complained much of debilitating sweats, for which he took freely of vegetable and mineral acids, quinine, acet. plumbi, &c., without any advantage. About the first of November, 1836, he complained of dull and obtuse pain in the region of the liver, with no other uncommon symptom, which was attributed to hepatic derangement, superinduced by close confinement to writing, &c. When describing it, he thought the sensation referred more to the muscles of the abdomen, or side, as the seat, than to deep parts. Pressure produced little or no increase of the pain; a portion of equal parts of cal. rhei and aloes was administered, followed by oil, which brought away copious feculent stools, but afforded no relief. At this time, and for some time after, except when under the action of medicine or remedial agents, he was able to attend to the editorial duties of the paper which he was then conducting. November 4th or 5th, he was bled and blistered. 5th, 6th, 7th—no better. Ordered to dress with tart. emet. oint.; but it became so painful as to occasion its abandonment after a few hours. A poultice was now applied, and pills of cal. and rhei, and oil ordered every second day: diet light, bread and tea, gruel and roasted apples. 8th, 9th, 10th—the ointment has produced extensive cuticular inflammation, and extended like erysipelas over twice the original surface. The pain and irritation is almost insupportable. He cannot be persuaded that anything else now is the matter, as he can feel no deep-seated pain in his side. 13th, 14th, 15th—the inflammation still extends, some pustules, but no mitigation of pain. Ordered to bathe with decoct. tan bark, and acet. plumb. two, three or four times a day, and take a pill of ext. cicuta, and repeat, if necessary, in three hours. Next day no better, had no rest through the night.

Thus it advanced for two or three weeks; presenting a most perplexing erysipelas, until in the remedial search, a solution of lunar caustic in the proportion of two or three grains to the ounce, suddenly healed it, to the great comfort of both physician and patient (for he verily thought this alone was killing him). But by and by, after it had gotten well, the old pain returned with increased action; he found out his mistake. We now had recourse to mercurials, in order to their full alterative effects on the system, stramonium, belladonna, &c. &c. The only relief he now obtained, was from morphine. This article could not be substituted by opium, laudanum, or black drop. So sensible of its superiority did the patient become, that he scarcely could be prevailed on at length to make trial of other substitutes. December. He now underwent a variety of treatment suggested by different medical gentlemen. But as no regular journal was kept, and it was of the miscellaneous order of treatment, I think it unnecessary to detain you. Other organs within the circle of sympathy of the disease became involved. The tongue lost, in part, the thick mucous coat, and became tipped with red. The whole epigastric region was painful at times; but a prominent symptom was acute pain extending to the back—in describing which, he said he could cover it with his thumb or finger if he could reach it; so much was this the case, that we were led to attribute all the symptoms to neuralgia of the spinal nerves. He could only lie on the back or inclining to the right side. About the last of December, there occurred acute pain in the region of the kidney, attended by strangury and micturition, for which camphor, mucilages, buchu tea, muriated tinct. iron, &c., were used, and measurably relieved him of those symptoms. Dropsical swellings in the limbs next followed, for which the bandages were applied, which held that symptom at bayance. But it now became evident, that nothing but a palliative treatment could avail anything, and from henceforth it was nearly all that was attempted. He lingered on, greatly emaciated, until some time in July following, when death came, a much desired messenger, to relieve his agony.

And now as to the post-mortem appearances.

On opening the abdomen, the first thing that occurred to us worthy of remark, was the omentum highly injected with blood, a part of which was thickened and of a dusky-red color, showing established inflammation; the mesentery about the duodenum, and the bowel itself, was much inflamed externally; the stomach and upper bowels were much distended with flatus. But on opening the stomach or inspecting its outward coats, there was but little perceptible derangement. Everything, almost, presented a healthful appearance, excepting at its contiguity with the liver, and as it approximated the duodenum. The peritoneal coat of the smaller bowels was filled with small vessels, but may this not have been the remora of the blood from the atony of dissolution, their vascular capacity having been increased by previous excitement? The colon and rectum presented less ambiguous marks of positive inflammation, but was accounted for, from the circumstance of his having used, to a great extent, stimulating enemata, such as spirits of turpentine, solution of salts and soap, and even tobacco. This was expected to

be the case, as evidenced by slimy or mucous stools, tenesmus, &c. The left kidney was enlarged, and its capsule contained several ounces of whey-colored lymph. The internal kidney was not further examined, as our time was limited. The spleen was uneven, hard, and tuberos; but is it not fair to conclude that this was only the legitimate offspring of his former intermittents. There was situated on the left curv of the diaphragm or abdominal surface, an abscess or collection of sero-purulent matter, containing about an ounce, but could not be traced by any morbid connection to the original disease of the gall bladder. The gall bladder was completely impacted with the calculi, even to the ductus communis choledochus; several of the smaller size had made good their way near the opening into the bowel, and others were lodged part of the way; but the coats were so thickened, that the passage seemed almost totally obliterated. The coats of the bladder itself were about the thickness and density of the cutis vera of the hand, having rather a callous than vascular appearance. Adhesion had formed pretty extensively around the neck and bowel, with thickening and increase of substance. The bowel was still more extensively inflamed, involving most of its mucous surface; part of which exhibited patches of ulceration. There may have been about a teaspoonful of dark viscid bile, as it were, percolating the stones, which presented surfaces of such perfect coaptation as to afford but very small interstices between them. The volume of the liver was enlarged and filled with grumous blood, and on the under surface considerably indurated. The lungs and chest were normal, so far as examined.

I have thus presented some of the prominent symptoms of this interesting case, and will now conclude with the following interrogations:

1st. Is it possible that the first attack was produced by calculi, which have remained there ever since, harmless for the most part, except on extraordinary causes co-operating and arousing temporary inflammation? Or did the first formation pass off, and a succession of them produce the different paroxysms under which he labored?

2d. Is it fair to presume that, originally, there was but one large one; and that it became broken and comminuted, and smoothed by attrition as we see them; or were they so many separate formations?

3d. Could surgery afford any possible prospect of remedy in such cases, provided our diagnosis of them were perfect?

Jonesboro', Tenn., Oct. 18th, 1837.

Remarks on the foregoing Case, by P. F. E.

1st Remark. Assuredly the calculi were formed separately; each one, in all probability, having its own nucleus.

2d. No surgeon would be justified in operating in such a case, though the diagnosis were clear. The gall bladder has truly been punctured, and hepatic abscesses are opened, without the loss of life; but to cut for stones in the gall bladder, is an operation certainly not recommended in the present state of medical science.—*Southern Med. Jour.*

BELL'S ECLECTIC JOURNAL.

[Communicated for the Boston Medical and Surgical Journal.]

IN the last number of Dr. Bell's Eclectic Journal, is a notice of an article communicated by me to this Journal of the 20th of September, on the subject of Animal Magnetism. It commences as follows:

"The purport of this essay may be known by the two opening sentences. 'The evidence in favor of Animal Magnetism accumulates on all hands. Events which have lately transpired in a neighboring city leave to ridicule no excuse to amuse herself with facts which reason cannot comprehend.' If reference to the neighboring city means Providence, we will just content ourselves with remarking that the somnambulistic lady there has not been able, or has not chosen, to read certain passages, words, or lines, neatly folded several times in paper, and hermetically sealed, which were sent to her from Philadelphia. This were a small matter for so accomplished a personage,' &c.

It then proceeds to comment on the proceedings at Providence as a tissue of base impositions practised on a gullible and gulling public, and ends with promising information which, while it reveals absurdities and imposture, will add to what is really demonstrable in animal magnetism.

If Dr. Bell expects to throw light on the question of animal magnetism by communicating information to the public of such a character as he seems to contemplate, or by following out the course of argument adopted in the last number of his Journal, in an essay on the subject, I shall take the liberty to remark, that he has wholly mistaken the nature and scope of the magnetic phenomena. It is neither by such reasoning, nor by such information, that absurdity is distinguished from imposture, nor additions made to the "demonstrable" knowledge of anything.

Conclusions respecting animal magnetism, to be valid, must be drawn, not from events that do *not* take place, but from events that *do* take place. We need inquire, not what may, or may not, occur again, but what *has* occurred. One positive fact is of more consequence, in connection with those phenomena, than a thousand negative ones. Consequently all the letters that were sent from Philadelphia to Providence, and returned unread, or misconstrued, are little more in point, with reference to this subject, than though they had been unread by the clerks in the post office through which they passed. And all the information of this kind that may be in the possession of Dr. Bell or his friends, is about of the value of ignorance; for evidence of a more substantial character, founded on authority equally good, is already in the possession of the public.

The question of animal magnetism stands thus. A series of facts are asserted by one party; another series of facts are asserted by the other party. Both series are explicable on the supposition that animal magnetism is true. The latter only are explicable on the supposition that it is false. Those who do not believe in it, because they do not understand it, to cut the matter short, deny the first series in toto, and in so doing do not hesitate to stigmatize a large and respectable portion of their fellow citizens, in plain English, as fools or impostors. The

question, then, is reduced to this. Is this denial true, and are those charges just? To this it may be replied that the facts are abundant, tangible, complete, consistent with themselves, and authenticated as far as it is possible for human testimony to confirm anything; that they want nothing short of the capability of being reproduced at will, and that in regard to many of them even this has been done. But animal magnetism has to make its way against the preconceived opinions of mankind. Its professors mingle their theories with the facts they attempt to illustrate, and occasionally, nay frequently, fail in their experiments, and disappoint the inordinate expectations which they have excited in the minds of spectators. These failures, which at least are an argument in favor of their sincerity, for jugglery is uniformly successful, are laid hold of by opposers, made a theme of ridicule, and trumpeted through the public press, to the effect of fortifying old prejudices and withdrawing the attention from the real and intrinsic evidence on which the subject rests. Hence the unfavorable impressions that exist in relation to this matter, at the present time. They do not spring from any defect in the nature and amount of evidence accumulated, but because this evidence is not examined with candor and impartiality, and its weight duly estimated.

Such, in brief, is the true state of the case. The friends of animal magnetism are sanguine and expect it to accomplish great things. Imagination heightens the effect in reality produced, and perhaps the vanity of being thought supernaturally gifted, on the part of the magnetized, leads him to attempt what he cannot accomplish. Their opponents take them at their word, without calling to mind that they know as little as themselves of the subject, and argue most *hypothetically* about the impiety of clothing man with the attributes of omniscience and omnipresence, and the separation of the soul from the body, topics which are as foreign from these phenomena as they are from a fit of convulsions or tetanus. And when they find that constancy wanting in the facts, the unauthorized presumption of which gave a coloring of reason to their absurdities, they discover in it a new reason to consider the whole as a humbug, notwithstanding all analogy teaches that it is just what might be expected, if they belong to a disturbed action of the nervous system. The variety and complexity of function the nervous structure is instrumental in performing in its distribution throughout the bodily organs, and the delicacy of experimenting in the almost total absence of principles to guide the experimenter, are lost sight of. A failure is balanced with a successful operation, a wrong guess with a right one, without estimating the difference of probabilities in favor of each; and of course what is proof in everything else, is here nothing but evidence of fraud and wilful deception.

While such is the light in which these facts are contemplated, he cannot expect to be regarded with much favor in the public estimation, who ventures to advocate their authenticity and agreement with the laws of nature. Yet if Dr. Bell, or any other physician, is disposed to think that argument is as well calculated to elucidate the subject as wit, either

original, or borrowed from Rabelais and others, I should have no objection to discuss with him the two following questions.

1st. Whether the leading phenomena of the magnetic sleep do not harmonize with what is known, or regarded as most probable, of the functions of the nervous system.

2d. Whether analogy does not confirm the supposition that this state may be induced by the agency of one individual upon another.

The affirmation of these questions I am prepared to maintain; and I maintain, also, that ridicule and affected contempt are out of place, and out of time, where and when the negative of them is not established anteriorly. Should Dr. Bell, or any other physician, accept the invitation to discuss these questions, I would have him understand beforehand that I am not responsible for the speculations of the magnetizers. I shall deal with the facts alone—such facts as are admissible on the common principles of evidence—and reserve the right to put my own construction upon them. He will find me no supporter of the transmigration or peregrination of souls from body to body, or from city to city. The explanation I shall give of the facts will be physical purely. Avoiding metaphysics altogether, it will consider these remarkable phenomena as the result of a disturbance in the condition of the nervous expansions and nervous centre, on which external sensation and thought depend.

Boston, Jan. 1, 1838.

BENJAMIN HASKELL, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, JANUARY 10, 1838.

AMERICAN MEDICAL ASSOCIATION.

THIS is by no means the first time we have urged upon the medical men of this country, the necessity of forming a great national medical society, for the advancement of science and good fellowship. Again we call upon our professional brethren to devise some plan for congregating the scientific the ensuing summer, either at Washington or Philadelphia, and if a prospectus were devised and freely circulated, under the sanction of one or two names of gentlemen of Boston, Providence, New Haven, New York, Baltimore, Philadelphia, Richmond, Charleston, Cincinnati, Louisville, &c., there might be convened in the month of August next, an illustrious body of learned men, who would give an impulse to the study of medicine in the United States, of incalculable benefit to the national weal, and certainly to the nation's honor and glory. We contemplate forwarding, ere long, to all our exchange Journals, a scheme for organizing a national association, about which we ask advice and counsel, and if acceptable, also their joint co-operation in the accomplishment of this desirable convocation.

Laryngeal Phthisis.—Those who would make themselves thoroughly conversant with a disease which is beginning to attract considerable at-

tention, in New England—familiarily called the *clergyman's sore throat*—should consult an admirable paper in No. 2, Vol. 2d, of the *Eclectic Journal of Medicine*. The whole subject is there clearly investigated, and, with a few exceptions, it appears to embrace all that physicians have collected in the ordinary routine of practice. Clergymen of the present day do not perform as much speaking labor as those who have preceded them, and yet we are continually hearing of individuals who are compelled to break up their connection with parishes on account of an inability to speak in public.

Trousseau and Belloc are not correct, it is believed, in determining all the causes which may produce laryngeal phthisis. The field, therefore, should be more carefully surveyed with reference to ascertaining the causes producing the disease in the United States particularly. Certainly all the clergy laboring under it have not tubercular pulmonary phthisis. Were this paper republished in the principal religious periodicals, the clergy would be put in possession of a manual of much importance, because they would understand, by the character of their own symptoms, when the vocal apparatus became disordered, and its true condition appreciated.

Dr. Mott, of New York.—In a recent letter received from Dr. Mott, by one of his intimate friends, he makes use of the following language. "I am not idle, as you may believe, for that I truly abhor. My time, that is not devoted to other necessary things for my family, is given to my professional improvement. Part of it I devote to writing upon surgery. I have projected and commenced a great work, and if my life be spared, it is my intention to leave something for the benefit of those who come after me. I have said, perhaps presumptuously, a *great* work. I only mean by it, I have conceived the idea of a good work upon practical surgery. Whether it will ever be within my power to complete it, is another matter. It will be upon the basis of relative anatomy, as I have been in the habit of teaching for some years, and the immense value of which I am more and more convinced of the longer I live, and the more I see. Upon this I shall engraft my views of surgical pathology, and my experience. It will not be my object to load it with the opinions of others, by liberal quotations, by which I might display my reading and my surgical erudition, and make it a work of reference for other men's opinions. It shall contain my own opinions and a simple narration of my own experience."

It must gratify Dr. Mott's professional friends, and in fact every lover of science, to know, that with the improvement in his health, he is occupied on such a subject.

Samaritan Hospital.—Dr. Anderson's communication to the mayor of New York, upon the subject of a plan of a hospital to be attached to the Alnshouse, together with memorials and remonstrances of sundry *interested* and *disinterested* physicians of that city, in relation to the same, have been received. In all these documents the cloven foot of a college clique is plainly discoverable. Nothing can be plainer than the waning influence of the medical school of New York. It appears to be a mere machine in the hands of a few of the University Regents, who neither

know how to designate genuine talents, nor would they appreciate such men, even were they inducted into the rickety chairs of the present incumbents. Why is it that New York, with all its uncommon advantages, has scarcely one hundred students of medicine, when Philadelphia numbers nearly nine hundred at this moment? In due time the problem will be solved.

Frost's Trial.—A full report of the trial of Richard K. Frost, for manslaughter, has been forwarded from New York, but it is too voluminous for republication in this place. Suffice it to say that he was tried for killing a man under the Thomsonian plan, and was convicted of manslaughter in the *fourth* degree—just no degree at all. It is equivalent to an acquittal, which will probably be the ultimate termination of that unhappy affair.

Deleuze.—Mr. Hartshorn's translation of the third and last Part of this manual of Animal Magnetism, elucidated and greatly improved by notes, is announced by the publishers. Although we have not yet received a copy, we know enough of that gentleman's qualifications for conducting the translation to its completion, to recommend the whole work to those who feel any interest in making themselves thoroughly conversant with all that is known in that broad but partially surveyed field of philosophy.

[Since the above remarks were written, Part 3d has been sent in. A very slight examination of its contents fully warrants us in assuring the reader that Mr. Hartshorn exhibits more research and industry, if possible, in this, than in the preceding divisions of the volume.]

Triumphs of Science.—A correspondent writes to us from New York, thus: "I presume you have seen an account of Frost's trial for manslaughter. It has caused much excitement here among the profession. Many of them feel sore that members of our brotherhood, when placed on the stand for the purpose of eliciting a scientific opinion, should have declared on oath, 'that the patient's pulse was 160 !! that his *nerves were in a state of excitement*,' 'that it is possible to distinguish typhus fever, smallpox, and scarlet fever, at the *inception* of the disease !!' 'that oxalic acid was a *mineral* poison;' 'that if lobelia passed into the bowels it might purge,' as if no medicine could operate on the alimentary canal, without coming in contact with the surface, &c."

Bangor Medical Association.—An admirable plan has been devised by the practitioners of the enterprising city of Bangor, in the State of Maine, for maintaining peace and harmony amongst themselves, and at the same time elevating the professional character. The constitution is quite faultless, and might be copied by other similar associations to good advantage. Consultations, references, differences of physicians, discouragement of quackery, conduct for the support of the medical character, fees, exemption from charges, and, lastly, a fee table, are separately considered, and apparently every necessary provision made for contingencies. We have no fault to find with any part, with the single exception of the 12th article, under the general caption of Rules, Prac-

tice, &c., page 9th, embracing the tariff of charges. The members rate their services much too low, and we predict a remodeling of this starving system of practice. Why, it is morally impossible, with a moderate business, at the present cost of the necessities of life in a city, to keep a family as comfortably provided for as a physician's household should be, inasmuch as appearances in this age are indicative of the man, without asking, in many cases, just double the sum agreed upon. For example: "for a visit and passing catheter, \$2,00," which should be \$5,00 anywhere. "For a visit on board a vessel, \$1,50;" which, also, is not half enough. Again, "for surgical advice in the night, \$1,25." Surely it is worth more to draw out a sliver in broad daylight. No man, educated properly, can afford to provide himself with appropriate instruments, and live like a minute man in a city, without rating his services much higher. Medical prescriptions are worth as much in Bangor as at Boston, because the expenses of living in both places are nearly alike.

Gonorrhœal Ophthalmia.—The following extract from the *Lancet* may serve to show what incorrigible fools are sometimes to be met with in the world: "A young man, with natural weakness of sight, was recommended to bathe his eyes with urine. Although suffering under an attack of gonorrhœa at the time, this did not deter him from adopting the prescribed remedy. He bathed his eyes with his own urine. A violent attack of gonorrhœal or purulent ophthalmia followed the application, which, notwithstanding the most active treatment, rapidly produced disorganization of the eyes, with loss of vision. The symptoms commenced immediately after the application."

Medical Miscellany.—Dr. Peirson, of Salem, lately delivered an able lecture before the Physiological Society in this city, upon popular errors arising from ignorance of the laws of physiology. This subject led to some remarks upon the prevalence of quackery. The utter worthlessness of the certificates which generally fill the public prints, may be inferred from a fact related of an ex-professor of a certain university, who delivered a flaming lecture against the use of tobacco, and not a very long period afterwards gave a certificate in favor of a nostrum sold under the name of aromatic *snuff*.—The course of lectures on Anatomy at the Mason street School, is rendered more palatable to those entering on the rugged paths of science, by the *amusing* sallies of the gentleman who fills the chair.—A German author has said, "To keep the mind and body in perfect health, it is necessary to mix habitually and betimes in the common affairs of men."—"Copious bloodletting" is insisted on by some practitioners as a cure for hydrophobia. This is a touch of Dr. Sangrado's system of practice, and will no doubt be equally successful.—The French papers give a rather apocryphal account of an inhabitant of Lyons, who being attacked with a lethargy, during which he heard all that was said and everything that was done around him, without the power of making a motion or uttering a word, was pronounced to be dead and was placed in the coffin for burial. As the coffin was about to be nailed up, the supposed corpse, to the horror of all present, suddenly rose up and asked for *something to eat*.—The profession will be gratified, in a short time, by the publication, in one volume, of the prize dissertation by Dr. Holmes.

Hydrocyanic Acid, as a Topical Remedy in Cutaneous Diseases.—In some of those distressing states of the skin, where disordered sensation is almost intolerable, and where itching occurs, it may be employed externally with very considerable utility. A lotion containing two drachms of the acid to eight ounces of water, with a small proportion of acetate of lead and alcohol, is most useful. In prurigo, in inveterate psoriasis, and in different cutaneous affections marked by heat, by tingling, and by itching, it affords great comfort to the patient.—*Lancet*.

Whole number of deaths in Boston, for the week ending Jan. 6, 33. Males, 17—Females, 16.

Consumption, 9—inflammation of the bowels, 1—dropsy, 1—child-bed, 1—carditis, 1—wound, 1—inflammation of the lungs, 3—inflammation of the lungs and pleura, 1—suicide, 1—old age, 3—burn, 1—scrofula, 1—pleurisy, 1—disease of the heart, 1—disease of the brain, 1—scarlet fever, 2—typhus fever, 1—delirium tremens, 1—stillborn, 1.

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THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	DR. WARE.
On the Principles and Practice of Surgery,	"	DR. OTIS.
On Anatomy,	"	DR. LEWIS.

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WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 18—tf

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

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THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

An unusual instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

Franklin Street, Nov. 9, 1836.

July 19—6m

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

MEDICAL INSTRUCTION.

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Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

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[NO. 24.]

CASE OF HYDATID CYST IN THE BRAIN.

BY C. R. BREE, ESQ., M.R.C.S., STOWMARKET.

HISTORY AND SYMPTOMS OF THE CASE.—James P., æt. 15, a butcher's apprentice, of a full habit of body, came under my care in the month of April, 1835. He had been ill in London, for six weeks previously, under the treatment of a medical gentleman, by whom he was sent into the country. He appeared to have been placed under the influence of mercury.

When first he became my patient, he complained of a fixed and continued pain in the left temple, to which he constantly lifted his hand; the pupils of both eyes were dilated, and he could not clearly discern objects around him; his intellect was occasionally disturbed; his pulse was slow, and, at intervals, intermittent; the skin, more particularly about the head, was hot and dry; the bowels costive, and the tongue covered with a white fur.

I applied leeches to the left temple every other day for a fortnight, after which he was blistered frequently behind the ears, and on the nape of the neck, and purgative medicines, mercurial alteratives and salines, were freely exhibited. From this treatment, however, he derived no permanent benefit; in the course of a month he became perfectly blind, and successively lost the senses of taste and smell; convulsive motions of different parts of the body, more particularly of the face and extremities, now came on several times in the course of the day, and voluntary motion was in a great measure lost.

In the month of August, his condition was the following:

He laid in bed upon his back, from which position he could not rise without assistance; his sight was completely gone, and the pupils permanently dilated and insensible to the action of light, or other more powerful stimuli; the senses of smell and taste were partially regained; whilst that of hearing was morbidly acute. The pain in the temple was only felt occasionally, but it was then very severe; the breathing was thick and stertorous, and the eyeballs (more particularly the left) were continually in a tremulous, rotatory motion.

There was great difficulty in associating his ideas so as to produce a correct impression upon the will. When desired to pronounce my name, he said Mr., very well, and without hesitation, but he could proceed no further. When I asked him when I had seen him last, he

counted back to the day, but could not pronounce it ;—thus, if it had been three days since I had seen him, he would repeat the numerals, and three would be his answer to my question, in which he was always correct. The convulsive motions of the body had, at this time, ceased ; he seemed to understand everything said to him, and, occasionally, laughed and appeared amused. The bowels were costive, and required the constant use of an emetic, or the exhibition of castor oil. His appetite was morbidly great ; the pulse small, weak, and varied from 40 to 120 ; the tongue was white and furred ; there was partial loss of power in the extremities, but the sense of touch remained intact.

With regard to treatment, little relief was obtained ; after the inflammatory diathesis was subdued, I put him under the influence of mercury, and subsequently gave him Lugol's solution of iodine, which was the only part of the treatment that seemed to have any effect upon the disease, and this was only temporary ; towards the close of the year all the symptoms became aggravated ; he was hardly ever free from convulsions ; he lost all inclination for food, and became much emaciated and perfectly paralytic. The fingers were permanently flexed, more particularly those of the right hand ; the toes were in the same condition, and so firmly contracted upon the sole of the foot, as to produce a dislocation of the middle cuneiform bones ; the left side of the body was drawn down so as to bring the ribs in contact with the crest of the ileum ; consciousness and sensation gradually left him, and he died on the 19th of January, 1836.

Sectio Cadaveris, fifteen hours after death.—With some difficulty I obtained permission to examine the head, which I did with the assistance of my friend, Mr. Spencer Freeman.

Upon raising the calvarium and dissecting off the dura mater, the surface of the brain was found in a state of considerable venous congestion, more particularly on the left side ; slicing off a portion of the left hemisphere, a gush of serous fluid immediately took place, which, upon examination, was found to proceed from an enormous hydatid cyst, which occupied a cavity (formed by condensation of the substance of the brain) in the anterior and middle lobe of the cerebrum, and which contained by admeasurement (allowing for that which was lost), upwards of ten ounces of clear limpid serum. The cyst was opaque and of a pearly white color ; it had no point of adhesion, or any visible connection with the substance of the brain ; when removed from the cavity, the latter was found smooth, and, apparently, produced by a separation of the convolutions of the cerebrum. At its lower and inner surface there was a communication (evidently effected by the gradual encroachment of the enlarging cyst) with the left lateral ventricle, which, as well as the right, was filled with fluid, and considerably dilated. Upon reflecting the corpus callosum, and exposing the ventricles, this dilated condition was better observed ; the folds of the septum lucidum were also separated by fluid in the fifth ventricle.

There was slight *ramollissement* of the fornix and base of the lateral ventricles ; the neurilemma covering the optic commissure was œdematous, but no abnormal appearance was discovered, either in the nerve it-

self, or, so far as it could be traced, along the *tractus opticus*. The thalami and corpora striata were condensed and flattened; there was fluid in the third and fourth ventricles, and at the base of the brain; the corpora olivaria appeared to bulge out more than is usually seen; in fact, throughout the whole brain the anatomical characters were beautifully and distinctly developed. I could not obtain permission to extend the examination.

Remarks.—This case, in a pathological point of view, is interesting, and, comparatively speaking, is one of rare occurrence. A somewhat analogous case is related by Dr. Abercrombie, in his excellent work on the pathology of the brain; but the cyst, in that case, arose out of the lateral ventricle; whereas, in the case above detailed, it evidently had its origin in the substance of the cerebrum.

The obscurity which surrounds the physiological character of the acephalocyst, and the singular manner in which they form in different parts of the system, even the most vital, renders the subject one well worthy the attention and investigation of the pathologist. In the instance just related it is hardly possible to believe, with Laennec and others, that the morbid product possessed any inherent vitality; and yet, how are we to account for its gradual increase in size, when we find that it had no connection with the body in which it was found to exist? The previous history of the boy may throw some light upon the original cause of its production. Being removed from the country; a fine, healthy boy; and bound apprentice to a butcher, it can easily be conceived that the additional quantity of animal food which would form his diet, would be likely to cause a plethoric condition of the system, and hence a disposition to morbid formation. This being the case, we can easily believe, with Andral, that, in the first instance, a small clot of blood was deposited in the brain; that the coloring matter became absorbed, but the fibrinous portion not being acted upon by the lymphatics, formed the nucleus of the future hydatid cyst; but here we have the same difficulty of accounting for its growth and development to the size of a large orange. And this, in my opinion, can only be done by assuming that the presence of the morbid product kept up a constant state of inflammation and consequent secretion of serum, and that the connection between the cyst and the vital action going on in the system was supported by simple imbibition.

I am not, however, inclined to indulge in speculation upon the subject, my desire being rather to record facts than propagate theories.

GENERAL DESCRIPTION OF INJURIES.

FROM STEVENS'S LECTURE ON THE TREATMENT OF INJURIES.

THE following category includes the more common description of injuries that occur in practice, and which form the subject of these remarks. Severe wounds, contusions, fractures, injuries of the head, hemorrhages, burns, and strong mental emotions.

The symptoms induced by these injuries may be thus enumerated—loss of sense and sensation, syncope, delirium, coma, convulsions, jactitation; small, rapid, slow, or irregular pulse; rigor, paleness and coldness of the surface; irregular or stertorous respiration; vomiting, retching, or nausea; great thirst; suppression of urine.

It may surprise some of the younger part of my audience to find *mental emotions* enumerated among the causes of severe injuries. But the longer I live the more fully am I convinced that a medical man imperfectly understands his profession who does not appreciate the influence of the mind in all accidents and diseases.

A patient whom I visited, in consultation with my friend Dr. S. Moore, a gentleman of excellent constitution, and in middle life, was recovering from an attack of the smallpox. For several days he had been well enough to leave his house, and attend to his business an hour or two every day, and was sitting in his chair and chatting with his family, when he heard his child fall down stairs. She was taken up in a condition which led him to think her seriously injured, though it proved otherwise. He became pale and trembling, went to bed, had a severe chill, became comatose during the night, and did not get about for a month; during which time we almost despaired of his recovery. Coma and other alarming symptoms continued for many days; loss of memory and mental imbecility during several weeks.

Etiology.—In the explanation of these symptoms, although the minor details may be obscure and uncertain, it is capable of demonstration, that the shock is transmitted from the nerves of the injured part continuously to one or more of the great nervous centres, the spinal marrow, the head, or the nerves of the ganglionic system. The impression is readily transmitted from one of these centres to the other; but rarely is it reflected back again. Tetanus, however, affords an instance of the reflected action of an injury.

A medical man fell from his horse and struck upon the nates. He was at first insensible; after a while he was able to crawl to a fence by the road side, and felt as if pins were run into all parts of his body. His arms and feet became paralyzed partially. A few days after the accident palpitations of his heart, inability to pass his water, indigestion and severe headache supervened; with these symptoms he came to town for my advice, one year after the injury. This is an example of irritation propagated to various parts of the system, and continuing for a long time. The consequence of injury of the spine is usually confined to the nerves below the seat of injury; but here it extended from the lower part of the spinal marrow upward, and thence to the nerves of the arms; some part of the shock passing off laterally to the nerves of the viscera. The eyes sympathize with each other, because their nerves have a common origin.

Taking the case of the crushed leg now under treatment: we explain the coma, loss of sense, sensation and voluntary motion, the stupefaction and delirium, by the transmission of the shock to the brain; the nausea, retching and vomiting, by the transmission of it directly or indirectly to the stomach; the convulsions and jactitation to the concussion

of the brain reflected back through the spinal nerves; the condition of the pulse and of the surface of the body, by the state of the heart, which the shock may be supposed to reach through its ganglionic connections with the spine, or from the brain, through the eighth pair of nerves. The excessive thirst and suppression of the secretions are more complicated results, the precise etiology of which is not so capable of explanation. As suppression of the secretions follows, rather than precedes the more marked symptoms of severe injuries, I cannot agree with my revered master, Sir Astley Cooper, in considering it as the cause of these symptoms. Although the treatment of many diseases is based upon the restoration of the secretions—this only proves, that not being able to reach the first cause, we can merely palliate what in reality are effects. Thus in exanthematous and other fevers, and in all the “self-limited” diseases, so well described by my distinguished friend, Professor Bigelow, we do not cure the malady, although we may prevent its fatal tendencies—the physician does not propel the boat, but keeps it from the rocks and quicksands in its course.

Delirium, coma, and insensibility, are caused either by the shock transmitted to the brain, or by the want of a due impulse of blood from the heart, during the weakened condition of that organ. The same effects result from apparently opposite, but in reality, similar, conditions; all agreeing in this point, that the blood does not freely circulate in the brain. Weakened or oppressed circulation, the pressure of a clot, or broken bone, in depression of the skull, alike imply a want of circulation in some part or in the whole of that organ. This condition of the brain, from whichever of these causes it may have been induced, transmits to the heart and stomach the same shock: thus we have retching and vomiting in apoplexy from congestion or extravasation of blood in the head; and the same symptoms in depressed skull, the same in crushed limb, the same after excessive bleeding, or an extensive burn.

As respects the prognosis, an experienced eye will form it rather from the general aspect of the case than from any particular symptom. The countenance of the patient is undoubtedly the index by which practical men are most governed. A fallen jaw and half-closed eyelid, with irregular rattling respiration and coma, indicate approaching dissolution. Intelligence enough to answer simple questions respecting his physical condition, indicates a more moderate injury; and if the head be the chief seat of the injury, forms the ground of very favorable prognosis. Long-continued coldness without rigor or returning heat, and continuing in despite of remedies, leaves little room for hope; the same may be said of long-continued retching.

On the other hand, while rigor and vomiting show that the injury has been severe, they indicate a hopeful degree of reaction, and are usually succeeded by more favorable symptoms, viz., a quiet condition of the stomach, a return of warmth, and a fuller pulse.

Excessive pain continuing for many hours, although not so alarming a symptom as delirium, insensibility or convulsions, is often the precursor of one or more of these conditions. It occurs more commonly as a

consequence of injuries of the surface of the body, or of the extremities, than of those affecting directly the head or viscera.

DIERVILLA CANADENSIS, JUGLANS CINERA, &c.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE perused, with much interest, the articles published in the Journal from time to time, on the indigenous plants of our materia medica. I think they are too much neglected by the profession in general. Many of them, no doubt, are good substitutes for foreign drugs. Since we have amongst us a numerous class of pretenders to *skill* in medicine, styling themselves *Botanic Physicians*, many of the profession, I fear, discard, in toto, every plant lauded or used by them. Now this, surely, is not right. We are to use those articles most efficacious for the relief of the various diseases we treat, whether drawn from the mineral or vegetable kingdom, whether used by old women or *charlatans*. If the profession, as a body, would be more liberal in the use of our domestic articles, when acknowledged to be equal, if not superior, to foreign, would not the community more readily see the imposition of those who would make them believe that the regular profession deal only in minerals and poisons?

I would again call the attention of practitioners to the *Diervilla Canadensis*. During the year past I have had some further experience of its utility in inflammation of the bladder, with a gravelly deposit in the urine. A cold infusion of the bruised leaves and twigs was given freely. The scalding sensation, on performing micturition, was soon relieved, and the patient restored to usual health. A neighboring physician, whose practice is much more extensive than mine, at my suggestion has used it in several cases of a sub-inflammatory state of the kidneys and bladder, with complete success. One patient from the south was so much relieved by it that he called on me for a quantity to take on to Charleston.

Its *modus operandi* I leave for some more competent hand to determine. When taken internally, it operates as a mild, cooling diuretic. When externally applied to the inflamed surface occasioned by the *rhus*, ivy, or poison vine of the meadows, it gives the sensation of a current of cool air upon the part, and after a few applications relieves the itching and checks the inflammation and swelling. It is a very common bush in these parts, growing by the sides of fences and rocks, from one to three feet high, with a pithy stem, and has a yellow flower in June. It is known in this vicinity by the common names of gravel weed, bush honeysuckle, &c. I hope some of your readers, who have more leisure and skill in analyzing than I have, will notice the *diervilla*.

Are the majority of the profession aware of an excellent substitute for jalap and other cathartics, which they have in the extract of the inner bark of the common butternut (*juglans cinera*). Although much used by Dr. Rush and others in his day, and introduced into the national

Pharmacopœia, it is, as far as my information extends, little used by practitioners at present. Yet in cases of habitual constipation it should be preferred to most other cathartics, as it operates without occasioning heat or irritation, and leaves the bowels in a good state. Its superiority in removing or relieving obstinate constipation has recently been tested in this vicinity. The patient I allude to is a female, who has been confined to her bed for more than a twelve month with chronic inflammation of the pelvic viscera and obstinate constipation. Most of the powerful cathartics, in conjunction with other medicines, were used, none of them producing evacuations without the assistance of enemas, with the exception of croton oil, which relieved for a few times and then seemed to lose its effect. Through the advice of a young member of the profession, the extract of butternut was used in full doses, and repeated. In the first instance sickness and vomiting followed, but the bowels soon moved freely. The decoction or extract has since been sufficient to keep the bowels in a soluble state, without the assistance of enemas. Conjoined with calomel, it is especially efficacious in bilious habits. If griping is produced, carminatives and corrigents are used with effect.

Great Barrington, Mass., Dec. 27, 1837.

N. B. PICKETT.

SYPHILITIC IRITIS.—A CASE.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

INFLAMMATION of the iris does not often occur uncombined with disease of some other texture of the eye. In recent cases, there is frequently conjunctivitis; in long-continued or neglected iritis there will almost invariably be associated with it, inflammation of some of the deep-seated textures. This is believed to occur more particularly in syphilitic iritis—hence the title of syphilitic or “venereal ophthalmia,” applied by some authors to these cases. But when a case of iritis is presented for treatment, it is not always an easy matter to decide whether it be of syphilitic, or of rheumatic, or atmospheric origin, unless the practitioner is acquainted with its previous history; and this may be intentionally withheld by the patient. Saunders, in his valuable treatise on the diseases of the eye, gives the following differential symptoms between syphilitic and simple inflammation of the iris. “In syphilitic iritis,” he says, “the iris is much more thickened and puckered, the texture appears more changed, the irritation on exposure to light is less, the pain is most intense at night, red vessels are seen in the substance of the iris—a circumstance not often seen in the early stage of simple iritis, in which, patients, from the severity of the pain, are sooner induced to apply for relief—the pupil is not so much contracted as in the simple inflammation; and although the general appearance of disease be greater, the pain is actually less and the blindness is often total: to which, perhaps, may be added, that the lymph is deposited, as it were, in drops, and assumes a tubercular appearance.” P. 64. Fortunately,

however, it is not absolutely essential in the treatment of iritis to know whether it be of syphilitic origin or not ; for in every well-marked case, it is proper to administer mercury in some form, to insure a speedy and permanent cure. Nevertheless, cases do occur in which the treatment usually employed in inflammation of other textures of the eye, will be sufficient ; also in another class, from idiosyncrasy or some other cause, mercury may be inadmissible, and recourse must be had to active remedies of a different character. In the following case, mercury was administered with the most decided benefit.

B. A., house carpenter, 23 years of age, applied in the month of February, with an inflammation of the iris in the right eye, of eight or nine days' standing. He stated that a few weeks previous to the present application, he had made pretty free use of the strong mercurial ointment for the cure of pediculi of the scrotum. Soon after this he was attacked with a rheumatic affection of the limbs, for which he was treated at the Massachusetts General Hospital, with relief. Upon leaving the hospital, he exposed himself abroad on a cold and wet day, and immediately upon his return home he felt some uneasiness in the eye, which soon amounted to positive inflammation.

Upon examination, the inflamed vessels of the eye appeared of a mixed character ; the superficial network of vessels belonging to the conjunctiva being considerably injected, and at the same time the sclerotic vessels forming the ciliary zone around the cornea being very distinct. The conjunctiva of the lids was not much inflamed. The iris—naturally blue—had changed to a green color, and was limited and sluggish in its motions ; the pupil was quite hazy, somewhat contracted, and irregular, with the pupillary margin of the iris retracted towards the crystalline lens. Upon this margin, towards the external canthus, was seen a yellowish-colored tubercle of lymph, of a small size ; intolerance of light and epiphora inconsiderable ; slight haziness of the entire cornea ; pain occurring in paroxysms, referred to the eyeball and occasionally to the brow ; vision so much impaired that he could not distinguish any object at all ; and this circumstance, as usually happens, created much alarm, and chiefly induced him to apply for advice. In this case there was so little constitutional disturbance, that the patient was very unwilling to confine himself to the house, or to refrain from taking the same food he was accustomed to when in health.

Wednesday. One eye only being affected, he was cupped upon the right temple to the amount of ten or twelve ounces, and was directed to take an active cathartic, to have anodyne fomentations to the eye, and to keep in a dark apartment.

Thursday. Patient remains much the same. Six ounces of blood were taken from the temple ; he was directed to repeat the cathartic, and to take at bed time a pill of calomel and opium.

Friday. The inflammation, apparently, was not much diminished, but the pulse and general strength were considerably reduced. Directed calomel and opium in full doses, morning, noon, and night. In less than a week his gums became tender, and a most marked amendment immediately took place. The inflammation rapidly diminished, the deposit

of lymph upon the iris disappeared, and vision improved daily. As the haziness of the cornea went off, very minute and dark-colored specks appeared upon that membrane for some time after the subsidence of the other symptoms. The extract of stramonium having been applied, after the gums had become tender, the pupil was fully dilated, and presented a margin of extreme irregularity, with extensive adhesions between the iris and the capsule of the lens. There were also bands of lymph of a brownish color extending across the pupil. Notwithstanding which, vision was rendered much clearer by the action of the extract. The gums were kept tender with moderate doses of calomel, for three or four weeks, the application of stramonium being continued meanwhile night and morning, until there was no longer any danger of adhesions taking place. In the course of a month or six weeks, he was able to return to his work. Four months afterwards, the case was again seen, and not a trace of the former disease could be discovered. Power of vision was equally good in each eye.

No. 4 Winter Street, Jan., 1838.

CANNA COCCINEA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—By the present opportunity I send you a small quantity of a new nutritious aliment, which has lately been sent me by a friend in the island of St. Christopher, West Indies, and which appears to be a very valuable acquisition to the list of our nutritious articles for the sick and convalescent.

This article is the product of the canna coccinea, somewhat resembling arrow root, but is found, by analyzing it, to be quite different from the latter. In the language of a physician in the island—"I consider it, as a diet for the sick, very far superior to sago, tapioca, arrow root, and gruel. My own experience makes me satisfied that it is a most nutritious diet, easily digestible, and is consequently invaluable in diet for infants and children, and is eminently adapted for persons of dysenteric, diarrhœal, and consumptive habits, because there is, in my opinion, less acid in it than in any other farinaceous food with which I am acquainted. I have never known it turn sour on the stomach. It is the ordinary food of the dyspeptic, and in enemas it is truly serviceable for allaying the effects of acrid bile on the coats of the rectum, and for sheathing them in cases of abrasion and inflammation."

Dr. Ryan, of London, in his *Journal*, speaking of the canna coccinea, says, "It makes a more consistent and delicious jelly than arrow root, and is, in my opinion, far superior to it or any other farinaceous powder used in this country, as an aliment for infants, invalids, or convalescents. It is prepared like arrow root, and about half the quantity makes a thicker jelly. It deserves the high praise bestowed upon it by Dr. Waterson, and cannot fail to be patronized by the medical profession and the public."

This substance is obtained from the roots of the canna coccinea when

eight months old. I am informed that the preparation of it is much more tedious than that of arrow root. The French have termed it "Tous les mois," in consequence of its flowering every month.

I observed, some time since, the above account of the article in Johnson's Medico-Chirurgical Review, and wrote to my friends in St. Christopher for some of it. They have sent me a small quantity, but in the spring I expect more, when I shall endeavor to make it more extensively known. From the limited trial I have given it since its reception, I am convinced that it requires but to be known, to be preferred to any other article used as nutriment for the sick.

Respectfully yours, &c.

Westerly, R. I., Dec. 18, 1837.

WM. TORREY THURSTON.

N. B.—The editor acknowledges the safe arrival of the package, for which Dr. Thurston will please accept his thanks. The article will be used in the hospital at Rainsford Island, forthwith.

SCARLATINA.

[Communicated for the Boston Medical and Surgical Journal.]

IN the remarks of Dr. Ingalls, in his letter on scarlatina, he is decidedly opposed to the lancet or leeches in any case. Yet *he has never regretted the omission*. Dr. McIntosh, in his recent work on Pathology and Practice, remarks, "I used formerly to see fatal cases of scarlatina when I practised according to the opinion of the schools, carefully abstaining from venesection, and using all means recommended to support the strength; but it occasionally occurred to me to see patients snatched from the grave by considerable bleedings from the nose, and at times when it was thought the loss of an ounce of blood would prove destructive. These circumstances, together with the appearances found on dissection, led me to bleed in many subsequent cases, and *I have never had occasion to regret it*." Dr. Armstrong is also a strenuous advocate of the lancet in scarlatina anginosa and maligna, and so are also many other writers of great reputation. Dr. Ingalls's other remedies seem to be rather ill-defined, or to amount to nearly the *expectant* treatment. Scarlatina is a disease in many cases very mild, and requires but little treatment; but cases occur (in some epidemics very often) of the most violent and malignant character, and I call upon Dr. Ingalls for his treatment and experience in such cases. As there seems to be a wide difference in opinion among medical men as to the propriety of evacuants and of stimulants in the worst form, or in cynanche maligna, and the subject being one of great importance, as scarlatina is now epidemic in many places, I call upon the profession to give us their views and experience in this disease. I therefore propose, as a query, What are the causes, nature, and best mode of treatment of scarlatina and cynanche maligna?

W. A. G.

Dec. 27, 1837.

TRIBUTE OF RESPECT TO THE LATE DR. PHILIP SYNG PHYSICK.

WE are surprised that no movement has yet been made by the physicians of Boston, to testify their respect for the memory of Dr. Physick, who was acknowledged, without a dissenting voice, to have attained the highest professional distinction, and to have merited all that the public sentiment awarded him in his lifetime, as much on account of his intrinsic worth of character, as on the score of great professional reputation.

Here follow the doings of our professional brethren in Philadelphia and Baltimore.

The Philadelphia Medical Society, on the reception of the intelligence of their late venerated President's death, passed the following, among other resolutions, viz. :—

“Resolved, unanimously, That in the death of Dr. Physick we deplore not merely the exit of one who has long held the first position among American Surgeons—one who saw no superior *elsewhere!* but also the irretrievable loss of numerous inestimable lessons of experience, *inedited* and treasured only by his memory whose mind was as lucid as it was retentive, and whose unvarying courtesy and professional urbanity, rendered almost every moment spent in his society, the source of some new idea important to humanity.”

“Resolved, unanimously, That a member of this Society be requested to prepare a public address upon the loss, merits, and professional labors, of our late venerated President, to be delivered before the members of this Society.”

The class belonging to the Medical department of the University of Pennsylvania, appointed a committee consisting of one member of the class from each State in the Union, to draft resolutions expressive of their feelings at the loss sustained by the decease of the late Professor Philip Syng Physick, in whose lamented death, to use the words of one of the resolutions reported, the science of medicine mourns one of her brightest ornaments, and the University of Pennsylvania a most distinguished Professor.

At the request of the class Dr. Chapman has consented to prepare a discourse on the life and character of the deceased, during the present session. Dr. C., in his note accepting the invitation, says :

“No one knew the illustrious deceased more intimately than myself, and I shall endeavor faithfully to delineate his life, character, and services. During the whole of a lengthened intercourse of forty years, he was among the kindest and most steadfast of my friends. The death of this truly great and good man, is to be regretted as a common loss, but by me mourned as a personal bereavement.”

At a meeting of the students of Washington Medical College, Baltimore, the subjoined resolutions were unanimously passed, viz. :

“Resolved, That we have heard with deep regret and sorrow the loss which has been sustained by the country and the medical profession by the death of the late Professor Philip Syng Physick, of Philadelphia.

“Resolved, That as a token of respect for one who is justly styled

the Father of American Surgery, we will wear the usual badge of mourning during the remainder of the present session.

“Resolved, That in order to perpetuate the memory of so distinguished an individual, we would recommend that organized corresponding committees of the different medical schools in the United States be appointed to devise such means as shall be best calculated to promote the erection of an appropriate monument at Philadelphia.”

The following proceedings in reference to the demise of Dr. Physick, were had in the Pennsylvania Convention, now in session at Philadelphia for the purpose of amending the Constitution of the State, viz. :

“Mr. Russell offered a resolution, to the effect that when the Convention adjourns this afternoon, it will adjourn to meet at half past ten, instead of the usual hour, in order to afford the members of this body an opportunity of attending the funeral of the late Dr. Physick, and as a mark of respect for that distinguished physician.

“Mr. Ingersoll hoped there would be no objection made to the resolution, paying, as did Mr. Russell, a brief, but strong tribute to the distinguished virtue and eminent talents of the deceased.

“Mr. Biddle said, that if mitigating the sufferings, and healing the wounds of mankind—if consummate skill, and unsurpassed tenderness, in the practice of medicine, constitute a claim to gratitude, Dr. Physick was truly a benefactor of his race, and entitled to this tribute of respect ; he was truly a great, a good man. He hoped the resolution would pass by general consent.”

The resolution was adopted.

The Baltimore American, in remarking upon the event, observes :

“The expressions of public regret in Philadelphia in consequence of the death of Professor Physick, are such as might have been expected from the community in which that gentleman’s usefulness was displayed during so long a series of years. His vast experience in the practice of surgical science, and his habits of close and judicious observation, were such as to impart to his opinions a value which seldom attaches to the views of any one man. Whilst by the medical circles of Philadelphia the death of Professor Physick will be felt in a peculiar degree, its effects will extend to every quarter of the country, whence patients were constantly sent to consult with him when ordinary advice appeared unavailing. It is by the loss of such men that the whole community experiences bereavement, and humanity at large is made to mourn.”

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 17, 1838.

SMALLPOX IN WOODSTOCK, VERMONT.

THE following extract from a letter written by a gentleman in Woodstock, to a friend in this city, will give some information concerning the

late prevalence of the disease in that place, which has not before been made public. The letter is dated December 11th. We hope hereafter to have a more full account from some physician in that quarter.

"It has pleased God to visit our town with that dreadful disease, the smallpox, which made its appearance about a month since among us, and existed a week before it was plainly identified to be what it is. There are now upwards of twenty cases, and several of them have proved fatal. Hundreds were exposed to the first two cases (one of which, Dr. Perry's, our most active physician, and the most dreadful case in its appearance in its last stages that can be conceived, proved fatal) before it was known. The persons thus exposed now begin to be sick. We have a pest house a mile from the village, and daily we hear of our neighbors being carried there. It is the duty, by law, of the select men, to remove the cases as fast as they occur. It fills everybody with alarm, as vaccination does not seem, infallibly, proof against its attacks. The whole town has been vaccinated, but I have seen persons with both diseases at once, apparently struggling for mastery in the system. Although, however, vaccination does not prove, in all cases, an infallible prophylactic, it seems to modify the disease—making it lighter, and where it would have been of the confluent character, softening it down to the *concrete* kind, or simple varioloid. Even those who have had the smallpox before, are sick some days with it again here, but do not exhibit more than one or two pustules. Some have it only slightly, and some are in an awful state, deranged, helpless, and one entire mass of putrefaction. We have had two such cases here. The subjects, when the disease proves fatal, are buried in the night, and no bell is tolled—no funeral services—but put into a rough coffin and the ground in haste—the persons, digging the grave, even retiring before their work is half finished, on approach of the corpse. Some pretend to make light of the disease, but you can read in the countenance and manner of all, that there is something in the undercurrent of their feelings different from that which is outwardly exhibited. Our town is literally deserted. Both the public houses are entirely empty, or nearly so, and some of the people in the neighboring towns you could not hire, by money, to come near us. The village is in want of many things, and when we send out upon the hills, to the farmers, for hay, or wood, or grain, or other needful things, they answer, with a wirey edge on the voice, 'We have grain, we have hay, we have wood, and meat, and everything to sell, but we do not want you here, you *must* go away.' In most cases the doors are bolted against the approach of a Woodstock man. Business is entirely at a stand, and two of the places of public worship are shut up.

"There are some cases which do not appear in the least alarming, and two men, who were laborers, sent to the pest house, fully broken out with the eruption, sent word by the messenger (who twice a day delivers his errands by a speaking trumpet to the inmates, at some distance from the house, for he is not allowed to approach very near it, lest he might bring the disease thence into the village), that if the select men would send them over a team, they would go to work laying stone wall for the owner of their mansion."

Primary Treatment of Injuries.—About the last of November, Dr. A. H. Stevens, Surgeon of the New York Hospital, and Emeritus Profes-

sor of Clinical Surgery, delivered a lecture at the hospital, on the above subject, which really possesses high claims, and particularly, as it comes from an eminent surgeon, who for almost twenty years has had the perfect respect and confidence of all classes of citizens. It is gratifying to learn that this is the *first* of a series, the remainder of which will be looked for with increasing interest. In our pages, to-day, will be found an extract from this lecture, which will give the reader some idea of its value. It is our intention to republish, pretty liberally, from the succeeding lectures, as they come to hand, and thus give evidence of the estimation in which we hold Dr. Stevens's scientific labors and literary qualifications.

Medical Industry.—Dr. A. S. Doane, of New York, who has probably toiled more industriously, and successfully too, in making us acquainted with the medical literature of France, than any other man in America, will soon complete a translation of *Nouveaux Elemens de Pathologie Medico-Chirurgicale*.

Smallpox among the Indians.—Mr. Catlin, the celebrated painter of Indian portraits, gives the following relation. "Only one year and a half ago I was at Prairie du Chien, on the Upper Mississippi, where I witnessed the frightful effects of smallpox amongst the Winnebagoes and Sioux. Every other man amongst them was slain by it; and O-wa-peshaw, the greatest man of the Sioux, with half his band, died under the fences, in little groups, to which kindred ties held them in ghastly death, with their bodies swollen and covered with pustules, their eyes blinded, and hideously howling their death song in utter despair, affectionately clinging to each other's neck with one hand, and grasping bottles and tin pans of whiskey in the other."

Endermic Use of Digitalis Purpurea.—I have long been in the habit of using a tincture or an infusion of this article for the purpose of allaying the pain of articular inflammation, some kinds of painful tumors, &c. I consider it more efficacious in this way than any other narcotic, narcotine and belladonna excepted. A good form for its use is, R. Windsor soap, ʒii.; camphor, ʒi.; ol. monarda punctatæ, fʒii. or ol. lavenderula spicata, ʒiii.; alcoholic tincture, lb.i. Dissolve the soap in tincture by the heat of a sand bath, then add the oil and camphor. This liniment, when cool, is of the consistence of a soft cerate, and will be found to be eminently useful for the purpose of allaying chronic arthritic pains, discussing painful tumors, &c. A.

Meriden, Ct., Dec. 25th, 1837.

Naval Surgeons in Turkey.—By an arrangement, not altogether satisfactory, says Miss Pardoe, in the work called *City of the Sultan*, surgeons are supplied to the ships of war. When a medical man is required on board of some vessel of the line, individuals, appointed for the purpose, walk into the first chemist's shop they may happen to pass, seize the master, carry him off, hurry him first into a caique, and thence to the ship; appoint him surgeon, enter him on the books, acquaint him

with the amount of his pay ; and should he venture to remonstrate, give him a sound flogging !

Spontaneous Gangrene.—A singular case of this description was related at a late meeting of the London Medical Society. A lady, aged 70, complained of a slight pain in one of her legs on Friday, but was able to walk about. At 12 o'clock that night a dark spot appeared in the middle of the calf, which rapidly extended, and in two or three hours the leg, from the instep to the knee, was in a state of gangrene, the cuticle separating, and large phlyctenæ in various places. At 12 o'clock on Saturday she died—about thirty-two hours after having walked about apparently well. There had been no wound in the leg, nor any apparent cause for gangrene, nor was the patient intemperate.

Multiplicity of Physicians in American Cities.—The kingdom of Greece, with a million and a half of souls, has only 85 licensed practitioners of physic. The town of Chicago, on Lake Michigan, with eight thousand inhabitants, has no less than *forty* of the medical fraternity.

Medical Miscellany.—Dr. Elisha Bartlett delivered an address at the anniversary meeting of the Phrenological Society, at the Odeon, on Monday of last week.—The powerful tribe of Mandan Indians, at the west, has been nearly annihilated by the smallpox. Only about a dozen remain, says report, to tell the story of their sufferings. The disease is also spreading among the Blackfeet and other tribes.—Number of deaths in Charlestown, Mass., in 1837, 141 ; in Dorchester, 66.—Professor D'Wolf's lectures on chemistry, at New Bedford, are exceedingly popular.—Deaths in the Marine Hospital, Chelsea, ending the quarter December 31st, only four. The whole number of patients, in the same time, *two hundred and fifty-seven*.—Dr. Ingalls has approached Dr. Bell, the editor of the Eclectic Journal, through the columns of the Boston Courier, rather *expressively*. We should have been glad to have received a communication from the doctor, without reference to this subject.—Poisonous candles continue to be manufactured in London. One pound of arsenic to twenty-eight pounds of stearine is the proportion employed by some of the manufacturers of this new article.—Creosote has been used as a remedy for cholera, in England.—Mr. Rees, of London, has seen four infants destroyed by sloughing of the arm, produced by vaccination. Three of them had been vaccinated with several punctures—a dozen or fifteen in each arm.—Dr. Shilometh S. Whipple has been elected a senator, in Maine, by a convention of both houses of the Legislature.—A man employed by Morison, the quack, in his pill establishment at London, was recently poisoned by an excessive use of cream of tartar, a lump of which he was continually putting in his mouth through the day.

DIED.—In Apponaug Village, Warwick, R. I., Dr. John W. Tibbetts, aged 70.—At Washington city, Dr. R. M. Baltzer, passed Assistant Surgeon in the U. S. Army.—At Paris, November 14th, Dr. Jones Wister, of Germantown, near Philadelphia, aged 21.—In Edinburgh, Dr. Mackintosh, a zealous laborer in the field of science.

Whole number of deaths in Boston, for the week ending Jan. 13, 23. Males, 13—Females, 10.

Consumption, 2—scarlet fever, 6—dropsy on the brain, 1—marasmus, 1—croup, 2—lung fever, 1—old age, 1—burn, 1—canker in the bowels, 1—fits, 1—hooping cough, 1—smallpox, 1.

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

Springfield, January, 1838.

Jan. 17.

JOSEPH H. FLINT.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri, or Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*," displacements which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

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LOWE & REED,

24 Merchants Row, Boston.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 19th of February, 1838.

Anatomy and Surgery, by JOSEPH ROBY, M.D., late Demonstrator of Anatomy in the Medical School of Harvard University.

Theory and Practice of Physic, Obstetrics and Medical Jurisprudence, by JAMES M'KEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person, becoming a member of this institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$51. The lectures continue three months.

Degrees are conferred at the close of the lecture term in May, and at the following Commencement of the College in September.

Professor M'KEEN, who has been absent during the last year, visiting the hospitals of Great Britain and France, will return to this country before the commencement of the lectures.

Brunswick, Oct. 1837.

Nov. 8—eopst

P. CLEVELAND, Secretary.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

Boston, August 9, 1837.

EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XVII.]

WEDNESDAY, JANUARY 24, 1838.

[NO. 25.]

DISEASES OF THE HEART.

At the meetings of the Medical Society of London on the 16th and 23d of October, the subject of diseases of the heart was discussed, and much interesting information elicited. It was introduced by Mr. Blenkairne, who stated that he had dined, twelve months since, with a gentleman who, for a year before, had been subject to violent palpitation of the heart, frequent fainting fits, and great depression of spirits. His pulse was strong and throbbing, and intermitted at every third beat. The diagnosis which he (Mr. B.) had given, was, that the heart was organically affected, and this opinion coincided with that of other practitioners who had been consulted on the case. The patient, a short time since, went to Brighton, where he staid a month, during which time he was attacked with gout. He had since suffered neither from palpitation, fainting fits, or depression of spirits; his pulse was now perfectly natural in every respect, and only 60 in the minute. His health is now excellent.

Mr. Dendy was inclined to think that there had been metastasis in this case, and not that one disease had been cured by the supervention of another of a different character. He thought it might be probable that the attack at Brighton partook more of the character of rheumatism than of gout, and that its occurrence had the effect of relieving the disposition to that disease in the pericardium, which interfered with the heart's action. He believed he was right in stating, that after the removal of the steatomatous tumor from the head of George the Fourth, the wound seemed to be going on well for a few days, when it began to discharge a quantity of ichorous matter, and erysipelas made its appearance. An attack of the gout coming on altered the character of the sore, the discharge improved in quality, and the wound rapidly healed.

Mr. Clifton was inclined to account for the cure in Mr. Blenkairne's case, in another manner. He had seen cases where disease of the heart had set in with the most alarming symptoms, which, however, disappeared as the heart accommodated itself to the affection, and the patient, by quiet and the avoidance of all kinds of excitement, lost all symptoms of disease, and lived sometimes for years without inconvenience, though he perished, ultimately, of the affection. He remembered an instance of this kind in a gentleman, who, for five years, had never suffered from a symptom of heart disease, though at its com-

mencement the symptoms were most alarming. He died after a fortnight's illness; the heart was extensively disorganized.

Mr. Hooper remembered an instance in which the symptoms of diseased heart were suspended in a young lady, after her marriage; but they always returned during the time of pregnancy. Immediately after parturition, however, she was again in apparent health. The stethoscope did not detect organic change. She died three weeks after one of her confinements; no post-mortem, however, was allowed.

Mr. Headland thought we were much more frequently in error, in considering functional diseases of the heart organic, than in considering organic diseases merely functional. How many instances had occurred in which the stethoscope detected organic disease of the heart, when the patient dying from some other affection, the heart was found healthy? The disturbance of the heart's action, in the generality of cases, he considered to arise from mental causes, or from sympathy with disorder of the digestive function.

Dr. J. Johnson said that he agreed with those who thought that functional disorders of the heart were much more frequently mistaken for organic changes than *vice versa*, and this was the case particularly as regarded gout. When gout was suspended for a time, it was common for the pulse to become quick and throbbing, and the heart to palpitate violently, exciting great alarm, and leading to the supposition that the heart was organically affected. All the symptoms were, however, at once removed on the recurrence of the gout. Cases of functional disorder simulating organic change, were mentioned by many authors. Dr. Parry, of Bath, had recorded a case in which the heart's action was so violent as to wear away the ribs; yet even in that instance, after death, the symptoms having previously ceased, the heart was found healthy. It was a common error of young practitioners, to consider the heart as organically diseased when its function only was much interfered with, and this error had become more general, he was sorry to say, since the stethoscope had come into use. He had known various symptoms of affection of the heart, such as its beating over a larger space than natural, &c., all give way before the restoration of the general health, and the bracing of the nervous system. When the uterine function was not properly performed, it was common for the patient to suffer from palpitation for weeks together; yet this entirely ceased on the organ resuming its healthy action. On the other hand, however, it must not be forgotten, that organic disease might creep on even to a fatal termination, without the occurrence of any symptoms to indicate its seat or nature. In illustration of this fact, he might mention the following case, which had come under his observation. Five years since he was called to see a gentleman who had suffered from hiccough of a violent character for fourteen days. All the means used for its removal proved useless; but it eventually gave way under the use of large doses of musk. The patient then informed him that for several years he had suffered from "a load" just below the epigastrium, and about the umbilical region, and said he should certainly die from it. The patient was a corpulent man, and lived generously, particularly as

regarded food. The "load" was the only symptom he complained of; and, on examination, there was no hardness, tenderness, or other sign of organic change in the abdomen. He consulted most of the eminent practitioners in London, all of whom told him his disease was merely imaginary; he still, however, persisted in believing it a fatal one. Nine or ten months since he began to lose flesh; his appetite failed him, and he got weak, yet he only complained of the load. The abdomen was again carefully examined, but nothing was detected. For six or seven weeks before death, he kept his bed, lost his appetite entirely, and ejected most of the little nourishment that was administered to him. His pulse varied from 110 to 130. Soon after being confined to his bed, he had another severe attack of singultus, which lasted twelve days, and eventually was removed by arsenic, which had the effect also of putting a stop to periodic rigors and fevers, to which he had become subject. He got gradually weaker, and died, worn out by hectic, without any suffering. He (Dr. J.) had considered that he perished from the "climacteric disease," the general functions of the body having given way without the occurrence of organic change. The post-mortem examination, however, revealed the true state of the case. The stomach, lungs, heart, intestines, and liver, were found healthy. The gall bladder was almost entirely filled with a large number of calculi; the duct was free. The right kidney was sound; the left somewhat granular. Surrounding the left psoas muscle was a bag, or sac, which contained about a pint and a half of a dark, tarry, gelatinous fluid, of a most offensive odor, and peculiar appearance. The psoas muscle was so much disorganized as to be with difficulty detected. Now, here was extensive organic disease, which had gone on for months, at least, though he did not think it had existed for years, without producing any local symptoms; there was great constitutional disturbance, indeed, but it could not be traced to any cause. He thought the calculi might have existed in the gall bladder for years, but attributed the fatal result to the other disease. He believed that many diseases which were supposed to be climacteric, or a regular "break up," as Sir H. Hallford called them, could, by proper examination after death, be traced to some organic change.

Mr. Procter agreed with Dr. Johnson regarding the frequent occurrence of functional disorders of the heart. Commercial speculations particularly favored these disorders; he had noticed that they were very prevalent during the railway mania. Quieting irritation, and restoring the general health, were the best remedies.

Mr. Headland had noticed the falling away of the strength and appetite, and great emaciation, for three or four months, in two patients of his, in whom there was no evidence of organic disease; the patients were both men of intemperate habits; the most remarkable symptom in both cases was the total absence of sleep, in the procuring of which, narcotics, of the strongest kind, had no sort of effect. In one of these cases, after death, a fungoid growth, weighing from one and a half to two pounds, was found attached to the lower part of the capsule of the left kidney; the other patient had simple hypertrophy of this organ. In

neither case did a single symptom of organic affection of the kidneys exist. The urine was scanty in both instances.

Dr. J. Johnson said, that he had seen many deaths from intemperance; the absence of sleep before death, in these cases, was common; drunkards, at this period, paid a severe penalty for their intemperate habits.

Mr. Bryant recollected a case which had occurred to him some years since, in which the patient, a gentleman aged 70, died with symptoms very much resembling those which had occurred in the case related by Dr. Johnson. The patient was an intemperate man, and had been long ailing. When he (Mr. B.) was called to see him, he had suffered from unceasing hiccough for several days, and for this nothing afforded relief. Dr. Farre also saw the patient; it was concluded that there was organic disease of the stomach. He sunk gradually. The gall bladder was found full of biliary calculi, the stomach was darker than natural, but nothing more. The patient had complained of pain about the right kidney, but he referred no other symptom to the urinary organs; the urine was natural. The right kidney was healthy, but below it was a pouch containing about two ounces of stinking pus; the disease was connected with diseased vertebræ. Here was a case in which disease gradually advanced in an important part, without its exact seat being detected during life.—*Lancet*.

ON NATURAL MAGIC.

THE theory of accidental colors, so ingeniously developed by the successive labors of Scherffer, Epinus and Sir David Brewster, has been alluded to by the latter, in his treatise on natural magic, as probably adequate to account, in some instances, for spectral illusions; but for such only, in his opinion, it would seem, as may occur in full day light. Observation, however, has assured the writer that appearances of this kind are not so peculiar to the strong light of day, nor so rare as seems to have been supposed.

The retina of the eye, by the action of light upon it, has its sensibility weakened, which it will recover again completely, in the absence, or partially by the mitigation, of this action. When, therefore, one keeps his eyes for a time directed to a portion of black surface surrounded by white, the sensibility of all that part of the retina on which the white surface throws its light, is weakened in a much higher degree than that which is occupied by the image of the black portion. Then on turning off the eyes to a quarter from which light comes nearly uniform, the effect on this now most sensitive portion is contrasted with the slighter effect produced on the surrounding parts, and there appears to the observer, as it were, an image of light, in shape and size like the portion of black surface before viewed.

Now the *relative* amount of light reflected from white and from

adjacent dark surfaces, is probably the same, whether the incident light be feeble or strong, and consequently the *relative* strength of their respective impressions on the retina is also the same. And indeed, the eye, especially if it has been for some time, previously, in the dark, seems to be not less sensible to this difference of impression in a twilight than at noonday, provided the darkness be not too great, so as to render all objects nearly alike obscure. But however this may be, the appearances of ocular spectra in such fainter light, is favored by the fact that the attention does not then, owing to the partial obscurity in which the substantial objects before us lie, so readily and so almost unavoidably fix itself upon them, which if it should do, any image that may remain impressed on the retina is not regarded; for the mind, it seems, cannot attend to two things at the same time. Another reason why such phenomena are so seldom noticed by individuals who do not purposely take the preliminary steps necessary to produce them, is, that the eye is usually a restless organ, rarely dwelling upon the same part of an object for more than a few minutes at a time. The design and effect of this is, on a compensating principle, to prevent the formation of any impressions of such a character as to be inconveniently permanent or embarrassing to our vision. This propensity to wander is, however, sometimes overcome, and the occasions when this may happen are various.

A day or two since, listening to a public speaker at such a distance, that, to catch his words, I found it necessary continually to watch his lips, I at length cast a look towards the expanse of white ceiling beyond him, and saw a white picture clearly representing him, wherever I turned my eyes. The propensity before adverted to, is more commonly subdued involuntarily by grief, as for the decease of a friend. If, in consequence, by the accidental presence before the eye of a proper object, or a suitable combination of light and shade, a spectral appearance is then produced (it being supposed now partially dark), superstitious persons might very readily be led, with a little aid from imagination, particularly as the idea of his departed friend is now uppermost in his memory, to believe strenuously that he had seen the ghost of the deceased. The child who goes alone at dusk is prone to watch any black object, especially if it is made conspicuous by a prevailing whiteness of the objects about or beyond it. We can easily see how, on his looking round, his young imagination may, and not without a cause, be startled into a troublesome activity.

The writer well remembers with what sensation he has, in childhood, watched the spectres that on moonlight nights used to haunt the black garments hanging upon the white wall of his apartment. Any one may observe such phenomena very favorably on waking at dawn, by fixing the eyes for a considerable time (one minute or even less will suffice for an experiment) steadily upon a dark-colored object projected or situated on a white or whitish ground, and then looking off towards the white ground, when directly he will perceive a white representation of the object he has been viewing, either upon the

white ground, or between it and himself, according to his fancy. One can make it, when it is of a middling brightness, disappear and again reappear, by simply giving his attention, for a moment, to something beyond, and then again to the image. If the eye has been kept constantly on the same point of the dark object previously viewed, the white image of the latter will be a distinct and faithful representation. Otherwise it will be varied, and might, by a startled imagination, be easily conjured into the most frightful shapes. If a person is at twilight travelling towards a hill (or even a level space) covered with snow, and steadily watches another person in a dark dress, advancing a short distance before him, whose figure is projected towards the snow, he sees, on looking aside, a white spectre in human shape. It will in some instances appear to be roving, the observer all the time thinking that he follows it with his eyes, while in fact it depends for its motion upon this same movement of the eyes. Should it, before it fades in obscurity, arrive before some dark retreat, it there vanishes, for its appearance depends upon the light coming from objects beyond it. A result similar to those already described, might surprise a person who looks up, after having for sometime gazed down upon the path he is walking, the black soil of which is strongly contrasted with the bleached grass on either side.

Whoever will attentively watch the operation of this principle, in experiments which he can make almost anywhere, and with very little trouble, will, we think, be abundantly satisfied that it must have acted no inconsiderable part in keeping alive those superstitious impressions which in former ages have been so generally prevalent; and that it is the talisman which raises some at least of the apparitions that are occasionally alarming the young and the superstitious, at the present day.—*Silliman's Journal.*

DR. WEBB'S PRIZE DISSERTATION.

THE title of Dr. Webb's Prize Essay on Rheumatism, is made the text, in the last number of the Southern Medical Journal, for some pretty severe remarks on the use of opium in that disease. The editor thinks it savors not a little of quackery to recommend this course of treatment in all cases and all climates; and though it may answer in places where simple rheumatism alone is liable to occur, he contends for its hurtful tendency where bilious complaints are commonly associated with this disease. The following are his concluding remarks.

"Not willing to condemn with undue precipitation a practice so respectably and so ably advanced, we determined, on reading the essay, to adopt the practice urged by it, in the first case of rheumatism in which, as in not a few heretofore, we should be foiled in our ordinary course of treatment according to the best judgment on the true pathological condition. But before just such a case came to hand, we found a patient so severely affected with the excruciating pains incident to this disease, that, in our absence, and over the head of our prescription, he was

forced to resort to doses of laudanum to lull his sensibilities and lessen his pain. With the manifestation of this disposition, and with the hope of regulating the use of opium to a safer course than might be adopted at the impulse of his distress, we laid down the course in all respects according to Cazenave's plan. It was pursued until forty pills were taken. By this time we found great tendency to cerebral congestion from the direct action of the opium, with hepatic obstruction, evinced by sallow skin, brownish-yellow tongue, with hard, frequent, contracted pulse, &c., amounting to a very complete and *highly bilious* rheumatism, had resulted. Unwilling to press further a plan which reason as well as the experiment thus far condemned, we discontinued the course, and in its stead adopted the use of a pill of six grains of calomel, one grain of aloes, and half a grain of kermes every six hours. This restored the wonted hepatic secretion, preserved a steady perspiration, and the patient was speedily restored to health.

"With these experiments, then, and the reasonings which we have had on the subject, we have been brought to the language which Dr. Cullen applied to the use of cinchona, that we '*hold it to be manifestly hurtful, especially* in the beginning, and in the truly inflammatory state at least; and probably generally in southern climates and bilious temperaments.

"We will observe, in the conclusion of this article, already greatly extended beyond the intended limits, that depletion was liberally used, and in the early part of the case; and that great spinal irritation existed in all the extent of the dorsal and lumbar spine, and most severe in the dorsal. This received the counter-excitation treatment usually enforced for this symptom, but without being corrected. It disappeared with the rheumatic symptoms."

ANIMAL MAGNETISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have noticed, in your Journal, several communications on animal magnetism, fraught with many marvellous things, which bring to mind a variety of stories that I heard and read in childhood, about fairies, and witches, and wizards; "ghosts," demons, and the like characters, too numerous to mention. What animal magnetism will amount to, or what will come of it, I cannot tell; but, I doubt not, the time will come, and now is, when the Arabian Nights Entertainments will be outdone in reality, and many things which have been looked upon as too absurd to be considered probabilities, or even possibilities, will be the sober realities of life—when the tables will be turned, and those who have been considered, by the world and themselves, as the wise men of their day, will be found profoundly ignorant of all true knowledge, especially of the science of human life; and, in their turn, will be the proper subjects of jest and ridicule to those they have made a butt of, and laughed at, as stultishly ignorant and superstitious. Where is the fairy tale or ghost story that is more incredible than the stories told about

animal magnetism? Where is one that is not as consistent? Where is the old man's whim, or old woman's whim, or old maid's whim, that outdoes them in point of inconsistency or incredibility? The person who believes the magnetizer's and magnetizee's tale, will believe anything, and is a fit subject for any imposture the crafty and designing may think proper to practise. O, but, says one, these stories about animal magnetism are told by very respectable men, and we must be careful how we bring their assertions into doubt. Very well—but what does their being respectable show? Why, it shows that there is very much gullibility in the world yet, and that men are not only as liable to be imposed upon now as they ever were, but, also, that they take pleasure therein, and glory in their shame.

What are these stories about animal magnetism?—are they not of a piece with fortune-telling, juggling, necromancy, astrology, magic, augury, the Scottish second-sight, and many other things of the like nature that might be mentioned? Is animal magnetism anything more than a new scheme to impose upon the credulity of the people? Are not those who have so much to say and do in favor of it, acting as impostors? "Take care," exclaim a certain few, "they are, many of them at least, very respectable men—living in cities; some adopt hypotheses and spin out fine theories from them; some are from France, which is considered by many as the very seat and origin of all true knowledge; they all have much effrontery—make great pretensions—and all that is now wanting to make their scheme go well, is a chance for them to cry persecution; therefore, we must be careful concerning what we say, or they will not be able to successfully and profitably hoodwink the people." But, I would ask, ought not the subject to be set forth in its true light? The fact that men are respectable—that they live in densely populated places—that they adopt hypotheses and spin fine theories—that they come from France or any other country—is not sufficient to convince me that any doctrine or system is either true or false.

There is one fact, however, which, although it appears unaccountable and unreasonable in the extreme, is, nevertheless, true; and that is the proneness of the American people to ape foreigners, in manners, customs, doctrines, fashions, and evil practices. It is a fact unbecoming the American character, and ought to be despised by every true Yankee. France is aped the most. Its being known that a thing comes from France, is sufficient, with a host of Americans, to establish its truth and utility—indeed, so greedy are they to eat the crumbs of France, that they eagerly watch whatever comes thence and gobble it down, without stopping, or wishing, to determine whether it is wholesome food or not.

The above remarks are strikingly exemplified in medical and religious matters. What mode of practice in medicine, or theory of metaphysics, has there been adopted or originated in that country, that has not found its servile followers in this? There are men of first-rate abilities in France; there are also men of first-rate abilities in the United States; and if the people of the United States, instead of leaning upon the French or any other nation for instruction and example in arts, science

and morals, would stand upon their own bottom and rely upon their own resources—if they would become originators, instead of imitators, in *all things*, the time would soon arrive when they would be excelled by no people on earth—and I fervently wish that that time may soon come.

But to return to my theme ; *if* the principles urged by the votaries of animal magnetism are true, what are we to expect from it ? Why, nothing less than a great reformation in the moral, political, medical and social world ; also a mighty revolution in arts, science and literature. A glorious era is just begun. Vice, in her high career, must, ere long, stand discomfited and dismayed, and virtue will triumphantly reign with benign influence over all minds. Wars must cease, political parties and intrigues must have an end ; the whole world must soon know and enjoy the blessings of universal peace, political honesty and true patriotism. Diseases must take to themselves wings and fly away, for the true panacea is now discovered. Doctors must shut up shop, burn or bury their medicaments, take a last, long, lingering look at their anatomical preparations, and betake themselves to some other employment—to whaling, perhaps, or to making beet sugar. Coffin-makers and grave-diggers will be wholly unemployed, and under the necessity of following some other business for a livelihood—because death must soon grin his last horrid grin, “and hide his hideous head in shame, confusion and despair.”

Backbitings and talking scandal must cease ; consequently gossips must sit mum, and tea parties go out of fashion. Jealousies and envyings no longer shall exist, for Mesmer will soon remove the causes on which they depend, by showing, magnetically, that all men are equal, both in mental and corporeal powers ; and we shall soon see the petty distinctions of great and small, high and low, rich and poor, learned and unlearned, wise and foolish, handsome and ugly, swept away, and buried in oblivion, by the omnipotence of animal magnetism. No longer may the philosopher pedantically exult over the idiot, or the scholar over the clown, for, let them be magnetized, and they will all be omniscient, and, of course, one cannot brag over the other.

The time is at hand, when all desiderata in the arts and sciences will be supplied, and it will be found that animal magnetism is only a collective name for all the arts and sciences when brought to perfection. We shall soon be able to determine whether the earth is hollow, as Captain Symmes asserted, or not ; also, whether events recorded in history are rightly chronicled or not. In fact, we shall have neither past nor future time, but all will be present.

In making these assertions, I call on animal magnetism to sustain me and confound the railers and disbelievers. The witch of Endor will not be looked upon as a mysterious personage, in time to come, and the raising up of Samuel will be nothing more astonishing than what will happen daily. Sceptics will no longer be able, or have a desire, to cavil at the miracles of Scripture, for they will be as nothing compared with the miracles that will be wrought by animal magnetism.

Perhaps some will think that I am extravagant in my reliance upon the word *if* ; but I would say to them—I write as I seem to be influenced, and, I doubt not, there is a secret influence exerted over me by

some powerful magnetizer, perhaps Mesmer himself, that endows me with the spirit of prophecy, and enables me to declare, in part, what shall be achieved by animal magnetism.

ZOROASTER.

East Clarendon, Vt., Jan. 1, 1838.

PREMATURE LABOR ARTIFICIALLY PRODUCED.

[THE following case of artificial production of premature labor was communicated to the London *Lancet* by Mr. E. A. Cory.]

Mrs. H., of short stature, and aged about 30, had twice undergone the operation of embryotomy. Mr. Cory attended her, for the first time, about three years since, when the same operation was again deemed necessary, and performed. The pelvic deformity was of the reniform character, the space between the sacro-vertebral angle and symphysis pubis being about two inches and three fourths. It was consequently determined, should the recurrence of pregnancy render it necessary, that the premature induction of parturition at the seventh month of utero-gestation, should be had recourse to. She had again become pregnant, and it was calculated that she had arrived at the seventh month of her pregnancy about Thursday, the 14th of September last. The ergot of rye was now given, and at six, P. M., soon after the administration of the second dose, the uterine energy became slightly excited, and it was interesting as well as satisfactory to observe its gradual increase soon after the repetition of each dose of the medicine. On the next day (Friday), at one, P. M., the parturient pains were tolerably active, but at considerable intervals. A vaginal examination was instituted, and the membranes were felt pressing against the undilated os uteri. Saturday, at eleven, A. M.—The pains had gradually diminished in force and frequency, and she had experienced no pain from yesterday, at four o'clock, P. M., to the present time, and was, to use her own expression, "quite well again." The institution of another vaginal examination demonstrated that the os uteri had not in the least degree increased in dilatation, and that the pressure of the membranes, which had been previously experienced, had now entirely subsided. Instead of repeating the *secale cornutum*, lest it might destroy the infant, it was thought most prudent to rupture the membranes, the distension of which had now completely subsided. She was again visited on Sunday, at a little after one, P. M. She remained in a similar condition, and there had been no accession of the pains of parturition. On Monday she had not yet experienced any pain, and the bowels being in a constipated state, Mr. C. prescribed an aloetic purgative, with a carminative addition, which had the effect of thoroughly evacuating the bowels, and exciting the uterus to action; so that early on Tuesday morning, the pains of labor commenced with considerable activity, and continued with but little intermission until six o'clock in the evening, when she was delivered of a living infant of healthy appearance. The fœtal head occupied several hours in its passage through the contracted pelvis, and after

expulsion, presented on its lateral portion an evident indentation, and was also considerably flattened. The whole process terminated as in a common accouchment. The placenta was expelled with but little assistance, about half an hour after the birth of the infant, which was restored in ten minutes by immersion in the warm bath and by artificial respiration. The child remains at the present time (October 16th) healthy and vigorous, takes the breast freely, and there is every probability that it will continue to live. The patient has not suffered the least pain or inconvenience since her delivery ; in short, her recovery was most rapid.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 24, 1838.

MARINE HOSPITALS.

IN obedience to certain resolutions passed in the Senate of the United States, the 20th of February, 1837, the Secretary of the Treasury asked several of the Collectors of the Customs, at the North and South, the following questions :

“ 1st. What it will cost to erect three hospitals of suitable dimensions, for the relief of sick and disabled seamen and watermen upon the waters of the Mississippi river, at the most suitable places for that purpose ; also, what it will cost to erect the same number, if needed, at the most important points on the Atlantic and Gulf coasts.

“ 2d. To draw up the project of a law to regulate the disbursement of funds for the relief of sick and disabled seamen, and for the government of hospitals erected for that purpose.

“ 3d. To enumerate those ports and places in the United States where, because suitable accommodations for the sick cannot be obtained, or from any other cause, there is a strong necessity for hospitals ; and to make report on this and the other resolutions at the next session of Congress.”

“ Congress acquiescing in the necessity of such institutions at New Orleans and Mobile, appropriated, by the act of 3d March last, the sum of \$70,000 for the purchase of a site and erection of suitable buildings for the hospital at the former place, and the sum of \$10,000 for the same objects at the latter. Arrangements are in progress, and it is expected will be perfected, for the construction of a suitable edifice at New Orleans. It is ascertained, however, that the sum appropriated for a similar purpose at Mobile, is inadequate to the object. Accordingly, Mobile and the other two previously indicated as entitled to priority in the location of such institutions, may be regarded as the most important points on the Atlantic and Gulf coasts where hospitals are, in the estimation of the department, needed.

“ From estimates submitted to the collector by practical workmen, it is believed a sum of \$15,000, in addition to the existing appropriations, would be required to purchase a site and erect a suitable hospital at Mo-

bile ; and it is estimated that the sum of \$20,000 would be requisite for the same purpose at each of the other places."

The Collector of Passamaquoddy says there are so few sick in his district, and those always easily accommodated, that a hospital is considered unnecessary. The Collector of Portland shows that a hospital is wanted there exceedingly. There are three thousand seamen in the tonnage of that district—and yet these poor fellows, when sick, are thrust into the Portland *Alms-house* !—a disgrace to the government of the United States. One is required also at Newport, R. I., and another at Ocracoke, North Carolina. Key West has no accommodation for the sick. The Collector is allowed to pay only three dollars per week for a sick sailor, and yet there is not a negro family in the whole region who would take one of these unfortunate seamen into their house short of seven dollars per week ! What shiftless, miserable management is this for a great nation ! The Collector supposes an edifice of wood would answer very well. Mr. Breedlove, the Collector of New Orleans, wrote the following sensible letter to the Secretary.

"From my long personal acquaintance with the trade of the valley of the Mississippi, I feel well assured that the most prominent and useful points of location for marine hospitals, for the relief of sick and disabled seamen engaged in the navigation of the waters of the Mississippi river and its tributaries, are Louisville, in Kentucky ; St. Louis, in Missouri ; and Memphis, in Tennessee.

"My experience in erecting buildings does not enable me to speak confidently as to the cost of suitable edifices at these points. Judging, however, from the price of materials and labor in the western country, I am of opinion that the sum of twenty-five or thirty thousand dollars each, for Louisville and St. Louis, would be sufficient ; and for Memphis, I would recommend the expenditure of fifty thousand dollars, for the reason that this establishment would be the receptacle of the seamen of both the Ohio and Missouri trade.

"The necessity of a marine hospital at this port has been made manifest to Congress, and induced an appropriation by that body, at its last session, of seventy thousand dollars, for the purchase of a site, and the erection of a suitable edifice. The sum appropriated will be found inadequate to the accomplishment of the object, as will be shown by the plans, specifications and estimates, now preparing by sundry persons, in accordance with invitations for bids, issued by me under your instructions, all of which will be forwarded to you immediately after the first day of September next, that being the day fixed for opening the proposals that may be made. The plan and estimate furnished you last spring for this object is not on a scale beyond what is and will be required for the comfort of the seamen that visit this great and growing seaport."

The Collector of Louisville, in speaking of the cost of medical services for the proposed hospital, remarks—there will be wanted :

"1st. A resident physician and surgeon, with good qualifications for the discharge of his duties, who shall devote his whole time to the care of the establishment. He should have three or four students as dressers, and these could easily be obtained for their board, on account of the facilities the hospital would furnish them for prosecuting their studies. These, as well as the superintendent, should be under the guidance and control of the physician. The salary of a competent physician would be about \$2,000 a year."

Now this is just double the salary of a surgeon in the Marine Hospitals of New England. As a measure of economy, the Secretary now proposes to have it made lawful for the President to assign and employ surgeons and assistant surgeons of the army and navy to go on duty in the several hospitals already established, or to be hereafter established. So that there is a prospect that all now holding appointments, however meritorious, as surgeons in marine hospitals, will have their walking papers. All this on the score of *economy* ! It is furthermore proposed that the collectors of ports, for keeping an eye to the doctor, in the ostensible character of *director* of the hospitals, shall receive from £250 to \$500 per annum.

Although we highly approve of the proposition of erecting some half a dozen new marine hospitals, we object to the employment of army and navy surgeons. There is not half enough of these at present ; and the whole scheme, instead of benefiting the sick sailor, would only really go to increase the already princely salaries of the collectors, which now strongly contrast with those of the medical staff or hospital surgeons.

Boylston Prize Questions for 1836 and 1837.—It will be recollected that Dr. Holmes, of this city, was the fortunate author of three essays in succession, for which he received the Boylston medal ; and it will also be remembered that the first was published in a remarkably neat manner, and distributed to all the members of the Massachusetts Medical Society, throughout the Commonwealth, free of expense—an individual act of generosity, for which we are all indebted to Dr. George Cheyne Shattuck, the president. Inquiries have frequently been made for Dr. H.'s *two last* dissertations ; and until last week, we could not fathom the reason why they had not been given to the public. The cause of the delay is now apparent. Dr. Holmes has had leisure for preparing a highly finished volume of 371 pages, 8vo. which contains all three of his prize dissertations. The first is entitled—*Dissertation on Intermittent Fever in New England* ; the second—*Dissertation on Neuralgia* ; and the third—*Dissertation on Direct Exploration*. To enhance the value of this excellent publication, a map—a colored one, too—accompanies the first article, to enable those unacquainted with the geography of New England, to find the localities referred to in the memoir, where intermittent fever is supposed to have originated. Lastly, a dedication is made to P. C. A. Louis, Doctor in Medicine of the Faculty of Paris and St. Petersburg, and President of the Société Médicale d'Observation.

By another week we shall have had an opportunity, at least, of reading two of the dissertations, now seen for the first time. We beg, however, to direct the immediate attention of all our readers to this valuable contribution to medical science. The author must be substantially encouraged—and if read, there is no fear of his being a loser by the enterprise of publishing on his own account. This is a proper book for distribution at the next anniversary meeting of the Medical Society, if one is not already bespoken.

Extraordinary Case of Electrical Excitement.—Dr. Høstørd, of Orford, N. H., relates, in the last No. of Silliman's Journal, the case of a lady in that town, who became unconsciously charged with electricity at the

time of the occurrence of an unusual aurora borealis, on the 25th of January, 1837. This extraordinary state continued until the middle of the following May, during most of which time she was capable of giving electrical sparks to every conducting body that came within the sphere of her electrical influence. When her finger was brought within one sixteenth of an inch of a metallic body, a spark that was heard, seen and felt, passed every second. When seated motionless, with her feet on the iron stove-hearth, three or four sparks per minute would pass to the stove, notwithstanding the insulation of her shoes and silk hosiery. When most favorably circumstanced, four sparks per minute of one inch and a half, would pass from the end of her finger to a brass ball on the stove; these were quite brilliant, distinctly seen and heard in any part of a large room, and sharply felt when they passed to another person. These experiments were so often repeated that there was no doubt left of their actual occurrence. The lady had no internal evidence of this faculty, which was only manifest to her when the sparks left her. Her health had never been good, though she had seldom been confined to her bed. She had suffered much from unseated neuralgia in various parts of her system, for some months previous to her electrical development. Her health is now better than for many years. Dr. H. thinks this phenomenon was not caused by the aurora alluded to, but that it was an appendage of the animal system.

Medical College in Richmond, Virginia.—We learn, by the southern papers, that the President and Trustees of the Hampden Sidney College, upon the application of the Faculty of Arts, at a meeting of the Board on the 1st of December last, resolved to establish a medical department in the city of Richmond, and the Faculty was forthwith organized by the appointment of six Professors, who have since accepted the professorships.

Colchicum in Scarlatina.—Mr. Tait, of Edinburgh, has lately been very successful in the use of colchicum in cases of scarlatina. It was administered chiefly to those which partook of the pure inflammatory type, in which bloodletting, both general and local, was usually first had recourse to, together with a purgative. The dose of the vinum colchici, in the strong and robust, was twelve or fifteen drops every three or four hours, in a little water sweetened with syrup. For children of four or six years, three or four drops were begun with. The colchicum was continued till all the inflammatory symptoms were subdued; a blister round the throat being all that was necessary to complete the cure.

Felons.—I have succeeded, in a number of instances, in removing the pain and discussing the inflammation of this painful affection, when consulted early, and in the later period of the disease have afforded the patient great relief, by smearing the finger affected with *good extract of belladonna*, and applying a diachylon plaster. A.

Hydrophobia—Strychnine.—Dr. Epps, of London, has seen effects produced by the administration of strychnine, similar to hydrophobia. In

one instance these distressing symptoms were relieved by a plaster, sprinkled with powdered iodine, down the spine, from the back part of the head to between the shoulders. From this result, Dr. E. thinks the application of an iodine plaster all the way down the spine, would produce benefit in hydrophobia.

Laxative Pill.—It is acknowledged to be a difficult thing, in many instances, to regulate the bowels. The ext. colocynth. comp., the pil. aloes et myrrhæ, the pil. rhei comp.—all, in many cases, fail to do this; besides that they all are apt to induce hæmorrhoids. To supply the consequent deficiency, I beg to draw the attention of the readers of the *Lancet* to the following admirable formula: R. Aloes barbadonnis; extracti glycyrrhizæ; saponis hispanici; theriacæ communis. Solve ex aqua pura; deinde spissa leni calore. Fiat massa. Signa, pilula aloes diluta.

Some six or eight grains may be taken daily, as a dinner pill, or at bed time.

I think that this preparation will be found to be more generally useful than those which are at present contained in our Pharmacopœias.—*London Lancet*.

Cauterisation of the Eye for Amaurosis.—In certain cases of amaurosis, particularly in those where an indication exists for acting on the branches of the fifth pair of nerves, M. Serre, of Montpellier, says he has derived great advantage from cauterising the surface of the globe with the solid nitrate of silver.—*Bul. Therap.*

White Race of Atlas.—M. Guyon, chief surgeon to the African army, writes to M. Dureau de la Malle, that at Bougia there is now living, a woman originally from the interior, supposed to be descended from the white tribe of Mount Aureps. She is at most twenty-six or twenty-seven years of age, of very agreeable physiognomy, blue eyes, fair hair, beautiful teeth, and has a very delicate white skin. She is married to the Imaun of the mosques, Sidi Hamed, by whom she has had three children, bearing a strong resemblance to herself. M. Arago observes, that these white people are not so rare in that part of the world as might be supposed, for when he was going from Bougia to Algiers, in 1808, by land, he saw women of all ages in the different villages, who were quite white, had blue eyes and fair hair, but that the nature of his journey did not permit him to stop and ask if they came from any peculiar tribe.—*Athenæum*.

The Cholera in Africa.—The cholera has just broken out in the Dey's Hospital at Algiers. On the 14th of October 17 cases and 9 deaths were reported. At Bona, where the epidemic has been prevailing for some time, the number of cases, on the 17th of October, had amounted to 328, the deaths to 180. One of the most curious points in the history of the Asiatic cholera is, perhaps, the steady proportion of deaths to cases which may be observed to have occurred in all parts of the world, and in all climates. This fact proves how very little has as yet been done in the treatment of the disease.—*London Lancet*.

DIED,—At Petersham, Dr. J. Deane, aged 63.

Whole number of deaths in Boston, for the week ending Jan. 20, 32. Males, 19—Females, 13.

Consumption, 5—scarlet fever, 3—old age, 3—dropsy on the brain, 2—inflammation of the lungs, 1—lung fever, 1—gastritis, 1—erysipelas, 1—dropsy, 1—infantile, 1—cancer, 1—fits, 1—debility, 1—inflammation of the bowels, 1—typhus fever, 1—accidental, 1—stillborn, 3.

MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

A STATED meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, in Pearl street, on WEDNESDAY, the 7th day of February next, at 11 o'clock, A. M.

Boston, Jan. 23.

epm

JOHN HOMANS, *Rec. Sec'y.*

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

Springfield, January, 1838.

Jan. 17.

JOSEPH H. FLINT.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - -	DR. WARE.
On the Principles and Practice of Surgery,	- - -	DR. OTIS.
On Anatomy,	- - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—1f

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
JOHN H. DIX, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XVII.]

WEDNESDAY, JANUARY 31, 1838.

[NO. 26.]

SOME NOTICES OF THE STATE OF HEALTH IN BOSTON DURING THE YEAR 1837.

BY JACOB BIGELOW, M.D., LECTURER ON CLINICAL MEDICINE, IN THE
MASSACHUSETTS GENERAL HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

It is quite as difficult to account for the variations in the state of general health among the community in different years and seasons, as it is to explain the inequalities of the seasons themselves. We find one year to have been marked with the extensive prevalence of influenza, another by that of cholera or of scarlet fever. It is common to look for the causes of these epidemics among those conditions of things which are within reach of our observation, such as the temperature, the degree of moisture, the changes of decomposition in organized substances, the habits of living of the community, &c. Nevertheless it must be acknowledged that the most extensive causes of these, and many other diseases, are occult and inscrutable in their nature, and no man in the present state of medical experience, would gain much credit, who should associate the above mentioned epidemics in necessary connection with any fixed peculiarities of climate, seasons or customs. They at present rest on much the same grounds as the explanations of thunder and lightning, which were given before the discovery of electricity.

The last year has been one of uncommon exemption from any prevalent sickness. Although all our common diseases have, to a certain extent, been present among us, yet the number of persons affected by acute disorders of severe character, it is believed, has been unusually small. Of the cases which have occurred among classes comfortably situated, a greater portion than usual have resulted in recovery.

In the Massachusetts General Hospital, it appears from the records, that the number of cases of typhus, during the year 1837, was thirty-six. Every one of these has recovered, a circumstance without precedent in the history of that institution. The patients, as usual, have been brought in under all stages of the disease, and a considerable portion of them have been affected, for a time, with grave and threatening symptoms. A part of the cases, also, have been mild throughout their whole continuance. In private practice, moreover, during the year, a large majority of cases have been of a favorable character, though sometimes protracted in their duration.

Scarlet fever has prevailed to a less extent than usual. Malignant

cases of this disease have occasionally occurred, but a greater portion have been extremely light. In the last year's bill of mortality for the city of Boston, the number of deaths reported by scarlet fever is thirty-nine. In 1832, the number of deaths reported by scarlet fever was one hundred and forty-nine; and by "throat distemper," probably in very many cases the same disease, fifty; making an aggregate of nearly two hundred deaths.

No disease has increased so much during the last year as acute rheumatism, or the form of the disease usually called rheumatic fever. Forty cases of this description have entered the hospital in the course of the last year; and yet this form of rheumatism was once a comparatively rare occurrence in the wards. In the city at large, it has also prevailed to a considerable extent. Among the hospital cases, the disease has, in numerous instances, affected the heart and pericardium, yet no death has occurred. The practice of treating the disease by opium, has been found abundantly useful as a palliative, but has not appeared to abridge the ordinary duration of the complaint. Patients have taken eight, ten, and twelve grains or more in a day, for some time, with the effect of keeping them free from pain, and in most instances without unpleasant consequences, one or two grains being given at the end of each hour, if the patient was not easy. Free perspiration has commonly followed its use. The disease, however, has gone through its ordinary metastases and period. In a few instances the opium was obliged to be discontinued, from its unpleasant effects.

Influenza, or *grippe*, which, in the cities of Europe, sometimes shuts up opera houses, and banishes a quorum from legislative assemblies, has, during the last year, given us little trouble. Measles, though always present, have not been attended with great fatality. The deaths last year were 23, whereas in 1835 they were 188. In the preceding year, 1834, only one death occurred from this disease. Cholera infantum has been more formidable than in the late preceding years, though the various names under which this disease is reported, render it difficult to arrive at statistical accuracy in regard to it. Croup has been less mortal, in proportion to the population, than it was five or six years ago. Consumption, the bane of northern climates, as is usual, takes precedence of all other diseases in the number of its victims. Its mortality, however, has this year been less than heretofore, amounting to about one in eight of the deaths. And compared with the mortality of the disease in England and France, which is much greater, it may justify the conclusion that our own climate, with all its instabilities and annoyances, is not absolutely the worst residence within the temperate zone.

The aggregate of deaths from other diseases and casualties, bears nearly its usual proportion to the population of the city. And as a matter of record, it will be recollected by those who are curious in such matters, that the year has been marked by a cold summer, followed by an open winter, and by a general deficiency of rain.

Boston, Jan. 23, 1838.

ON INFLAMMATION.

[Communicated for the Boston Medical and Surgical Journal.]

In several numbers of this volume of the Journal it has been shown that some of the most important organs of the body—organs, too, which have been held to be extremely complicated in their structure—are developed according to the mechanical laws of a fluid, the same with or analogous to electricity. The brain, the ear, the valves, and membranous septa generally, have been shown to be but parts of a simple and universal process; the revelation of which will rescue the science of life from that confusion and obscurity which have hitherto enveloped it, and will give to it the same exactness and precision that characterize the physical sciences. Other organs of the body are as deducible from the same laws as those which have been mentioned. But it would add very much to the strength of the argument if it could be made to appear that the diseased conditions depended on the same cause. The object of this article is, therefore, to treat of inflammation; and the basis on which I shall proceed is the circular spread, more or less regular, of inflammatory action.

The disposition of organic action to limit itself by a defined circular boundary, when it occurs on a membrane or a surface extended in the directions of length and breadth, is conspicuously marked in nearly every variety of vegetable and animal life. Vegetables present, on the surface of their stalks, leaves and flowers, maculæ, senilunar or circular spots, more or less perfect. They are found on many shells. On the skins of animals covered with scales, as serpents and fishes, they abound. The plumage of the most beautiful birds is often studded with them, as the peacock. Among quadrupeds, the leopard owes to them his superior beauty. In man, too, they are reproduced, in skin diseases, of a chronic character, where the action is sluggish and does not, in consequence of its intensity, mask this general tendency.

Does not this constant reproduction of the same form, amid so much diversity, declare the agency of some general law or principle in bringing it about? And if so, does not analogy warrant the inference that that agency is a fluid, since the impulsion of fluids against each other produces curvilinear motion?

A great amount of indirect evidence might be brought forward to prove the existence of such a fluid moving over the surface of bodies in planes parallel to the surface, and indeed through the membranous coverings of the different organs, and likewise in favor of the position that it is constantly diverging from the centre of organs and living bodies. From the point of attachment of the ligament of bivalves, colored rays in some instances, in others grooves and ridges, diverge towards the circumference, while folds and spines shoot up obliquely from the surface of the shell, in a direction apparently compounded of the diagonal, between one perpendicular, to the surface, and another perpendicular, to the apex. These spines and folds are convex towards the apex, whether their general form is cylindrical or not. Here are five strong facts explicable on this supposition, and on no other. Compare with these the facts that the skin is developed from behind forwards, following the

course of the nervous influence from the spinal marrow; that the black color of the negro commences from a black stripe over the spinal marrow, and extends forwards; that zona or shingles pursues the same course; and also the action of mental emotions, as distension of the capillaries of the face from shame, permanent change of color in the hair from fear, and even in the skin of the negro, which has been known to spring from the same cause. All that shows the nervous system active in effecting changes in capillary action, confirms it so far as physiological experiments prove the nerves a vehicle for the transmission of galvanism or electricity.

It will be found that the study of such inflammations as ringworm, lepra, and the vaccine vesicle, will throw more light on the nature of inflammation, than any method of investigation hitherto adopted. They are instances in which inflammation takes a regular form, and pursues a regular course, with but a trifling disturbance from modifying causes. Now if this regularity both of form and progress is strictly deducible from the mechanical laws of the fluid in question, and if we have a right to reason from what is regular to what is irregular, then is proof positive afforded of the dependence of inflammation generally on this fluid. And I believe it will be granted that such is the state of opinion on this subject at the present time, that all the objections that can be brought against this, or I had almost said *any* view which might be advanced, must be of a superlatively negative character. We know nothing of the nature of inflammation, over and above the fact that there is accumulation and obstruction of the blood in the part. To those who are willing to rest content with this, as the sum and substance of their knowledge, I have no desire to tender an invitation to read these pages. An extract from "McKenzie's 5000 Receipts," or "Buchan's Domestic Medicine," or from the supplement to the advertisement of Dr. Brandreth's pills, would be more in accordance with the taste of such contemners of "fine spun theories," and self-styled *practical men*—men who in all cases want to have the proof before the premises are stated, and cannot stay to hear these last, because the thing itself is not proved—men who are fond of Q. E. D.'s, and know them because they are capital letters at the end of long paragraphs. Those, on the contrary, who entertain some notion of "irritative excitement," of "increased action," or "debility of the vessels," thereby showing that their brains were organized to form a conception of something beyond the mere objects of perception, will not, it is hoped, find their time mispent, should they for an hour or two divest themselves of these words, and consider them but the shadows of ignorance, the coruscations of darkness when it renders itself visible, and after examining with candor and impartiality the views here presented, follow out the train of suggestions to which they are calculated to give rise. There is but one favor that I would ask of them, and that is this. Should the thought strike them that I am drawing inferences from far fetched analogies, will they ask themselves whether these analogies are the less just because they are far fetched; whether the idea itself does not spring up in their own mind from the habits which the common mode of education fosters, of contemplating

the works of nature as composed of multitudes of separate entities, instead of parts of one stupendous whole. This being premised, I would direct their attention to the four following points.

1. Lepra and ringworm commence with an inflamed point, whence, as from a centre, the inflammation extends equally in all directions.

2. Their disk is flat, or concave, more or less.

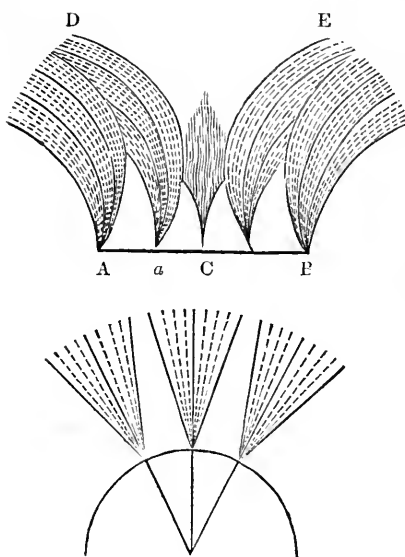
3. They begin to heal at the centre, while the inflammation is spreading at the circumference.

4. The areola around smallpox and the vaccine vesicle spreads from it as from a centre, but its surface is convex, and it begins to heal at the circumference.

The explanation I would offer is this. The centre of the inflamed spot is a focus from which the fluid radiates, and to which the fluid tends from the parts below and contiguous. If the rush of fluid to this point is rapid, its attraction for the blood will occasion it to be elevated and swollen, the elevation decreasing gradually, until it is lost in the surrounding skin. If the tendency is slow, it will give time for the parts beneath to accommodate themselves to the transmission of a given amount, without the fluid attracting the blood sufficiently to produce inflammation of the cutis vera, in which case the inflammation would be confined to the rete mucosum, or the vessels that secrete the cuticle.

The spreading from the circumference on a flat disk will be illustrated by a comparison with the development of a compound flower—a daisy or sunflower, for example. A greater pressure acting from within outwards, on the florets at the circumference, than on the central ones, is the occasion of their expanding into rays, which diverge from the centre. The cause of the increase of pressure of this fluid is, that the sum total of it in each floret exerts a pressure on each contiguous one, and forms, of course, an obstacle to its expansion laterally. But this pressure is removed from the external surface of the florets situated in the marginal ring, because there are no florets beyond them. There is, then, no obstacle to their expansion in a line perpendicular to the centre of the disk; hence they diverge, like rays, from that centre. The petals of double flowers, considered by botanists to spring from the evolution of the external stamens, show how extensive and general is the operation of the same force. Now each vesicle in a spot of lepra is just in the condition of one of these florets, and the pressure which they exert on each other being greater at all points than that which is exerted on their marginal surface, they will spread marginally. The reason of the healing process commencing at the centre and continuing while the inflammatory action continues around the border, is because the effect of a fluid radiating from all points of a circular flat disk, is to retard that portion coming immediately from the centre. This will be shown by the following diagram.

Let *A B* be considered any diameter of a flat inflamed disk, and the centre *C* a vesicle from which a brush of this fluid, *C E D*, proceeds, in a manner like the electrical brush from a charged conductor. Let *a* represent any number of vesicles between the centre *C* and circum-



ference A, from which similar brushes proceed. That part of the brush coming from each of these vesicles towards the centre intersects that coming directly from C, and retards its motion towards D. In like manner the brushes departing from the vesicles between C and B, interfere with that part of the brush from C towards E; and since there are a greater number of brushes to interfere with the one from C than from any other vesicle, the obstruction which they produce to the fluid passing from C is greater than that issuing from any other vesicle in the diameter A B, or any other diameter. If, therefore, the inflammation is

kept up by a fluid passing off from these vesicles, it will cease at the point C first. In like manner it may be shown the fluid will be more obstructed in its passage from the points nearest to C than from those more remote, and the healing process will therefore continue from that point. If, now, in order to have it correspond with a convex inflamed areola, the line A C B, be raised at the centre, C, as is represented in the second figure, the interference of these pencils is less and less in proportion as the surface is more convex. It will therefore depend on the degree of convexity, other things being equal, whether the healing process commence at the centre or circumference. Hence we perceive, when inflammations of the skin assume a regular form, advance and recede in a regular manner, they are governed by laws which declare them to be the effect of the agency of this fluid.

An attentive examination of the circulation will, I think, convince any one that the powers which accomplish it are seated in the blood, instead of the contractions of the heart and arteries. In the lower animals and vegetables, circulation takes place without a heart. In the human fœtus, the blood begins to move at the circumference, and the heart is formed subsequently to the large arteries, and these subsequent the capillaries, as is clearly shown by the observations of Serres and others, and by the fact that the heart in monstrosities has often been found wanting, while the arterial system was developed; but the reverse, never. Irritation attracts the blood to the tissue irritated, without primarily affecting the contractions of the heart. The development of the pulmonary artery, and the obliteration of the ductus arteriosus, at the commencement of respiration, cannot be explained otherwise than by supposing the blood to be attracted to the lungs, rather than driven by the force of the heart. Again, injuries of the nerves affect the ca-

pillary circulation more than that of the heart.* Dr. Alison, of Edinburgh, and Dr. Hawley, have published some researches on the vital or self-moving powers of the blood, from which they consider the following propositions as established. "1. That the motion of the blood from the branches of the pulmonary artery to the left auricle, principally depends, neither on the systole of the right ventricle, nor on the tenacity of the vessels, nor on the respiratory motions, but on a living, self-moving power, acquired by the blood when renewed in the lungs. 2. That the same living power, inherent in the blood, is also a material cause of its motion through the capillaries of the aortic system. 3. That in acute inflammation, this vital, self-moving power of the blood is morbidly increased; while the tonicity of the capillaries is diminished. 4. That some formidable diseases of the heart, lungs and brains, usually considered primary, may be referred to an altered state of this vital power of the blood; and perhaps oftener to its diminution than its augmentation." To these conclusions I would subjoin a fifth, and that is, that the "vital, self-moving power" is the disturbance of equilibrium between this fluid, which takes place in the lungs, coinciding with the change from venous to arterial blood. The arterial blood is positive, and in the course of circulation gives off its excess of fluid to all the parts it comes in contact with; and the fluid, endeavoring to diffuse itself in all directions, tends towards those parts which are negative, or where it is less in quantity, and draws after it the blood.

If, then, the heart be supposed to be formed last, and we take the motions of the blood as our guide in forming a conception of the motions of this fluid, considering these latter motions to precede the former by an indefinitely small space of time, we must resolve them into two kinds, an undulatory or pulsatile, and a current corresponding to the motions through the arteries and veins. Now if there is an undulatory motion taking place from the centre towards the circumference of the vascular system, there must be a tendency to a vacuum formed at each undulation at the centre, and the fluid immediately around the centre would rush in to fill it. This tendency to a vacuum corresponds to the dilatation of the ventricle; and the blood coming from the pulmonary veins through the auricle, is attracted to the ventricle by the fluid rushing in from thence, which being most positive, is most strongly attracted thither. But no undulation of an elastic fluid can arise forwards without a return stroke or backward undulation. This return of the fluid from the circumference towards the centre, or backward undulation, produces the contraction of the heart, and the tissue composing the heart is deposited between the two undulations, and it is to this circumstance it owes its extreme sensibility, manifested by continuing its contractions when removed from the body, and renewing them on the slightest irritant being applied to its tissue.

By comparing the vibrations of the arteries with the vibrations of an elastic medium, as air in an unyielding tube, I shall endeavor to prove, at some future time, that it is in consequence of these vibrations, and the different directions in which the blood moves, that the continuity of the

* British and Foreign Medical Review, No. V., page 11.

circulation is interrupted, and the shape and position of the heart determined. At present, I shall confine myself to noticing some facts which corroborate, in a striking manner, what has been advanced. The first is the conical shape and gyratory motion of the heart, corresponding to the little whirls or vortices produced in fluids by the collision of centripetal currents. The second is the spiral disposition of its muscular fibres, indicating, as all muscular fibres do, the course the fluid takes. But the most conclusive, is the circumstance that the heart is placed to the left of the median line, in man, whose nervous power is greater on the right, than on the left side; and in the molluscous animals that form the spiral shells, the spiral turns are made towards the side opposite that in which the heart is placed. Such a situation for the heart would follow from the supposition above. For if it is formed by the return stroke or backward undulation, it would be placed where these undulations, coming from all parts of the body, balance each other. And since there is more of the nervous fluid constantly existing on the right than on the left side, both its forward and backward impulse would be stronger in this direction, and the latter would in consequence pass beyond the median line before it was counterbalanced by the backward undulations from the left side. For the same reason the heart would assume, in the spiral univalves, a position further from the side where the development is greater, than from the opposite side. It should be mentioned, also, that the apex of the heart is turned away from the brain and from the spinal marrow, so that its position is in the line of a diagonal compounded of three forces, directed severally from the parts where the nervous influence is most concentrated, viz., the brain, the spinal marrow, and the right side. That this is not the effect of gravity, is clear from the fact that in quadrupeds the apex of the heart is turned towards the abdomen.

But the question arises, what becomes of the excess of fluid in arterial over venous blood, that is dissipated in the course of the circulation? I answer, that it is communicated to all the tissues with which the arterial blood comes in contact, but more especially to the nerves, since they serve the purpose of conductors. From the capillaries, whether of the surface or of the internal organs, there is a continued radiation of this fluid, a part of which passes off, producing transpiration, secretion, &c., and the remainder is returned by the nerves. In the healthy state of the tissues, a certain relation is maintained between that which passes off and that which is reconducted to the internal parts by the nerves, or between both of these currents and the afflux of fluid along with arterial blood. This relation is interrupted in inflammation. The nerves cannot conduct it from a part with the same degree of rapidity that it is carried thither by the blood, when an irritant has been applied. It therefore accumulates in that part, and radiates, as from a centre, into the surrounding space, impelling the blood out of its natural course, forming a focus of inflammation, and producing a papula, vesicle, pustule, boil, carbuncle, or phlegmon. Or, to speak more definitely, an irritant is a conductor or non-conductor, and its application to a point excites a current from that point, either directly as a conductor, or indirectly from

immediately around that point as a non-conductor, which current attracts the fluid from the neighboring parts, and this again attracting, or rather impelling, the blood as it moves through the particles, establishes a focus of inflammation. This action continues until such a change in the condition of the part arises, as restores the equilibrium between the conduction of the fluid there by the blood, and its reconduction into the system by the nerves. There must, then, be a tendency in the process of inflammation to diminish the flow of this fluid to the part inflamed, otherwise the inflammation never would cease to spread. Such must be the effect, if, as is supposed, it is derived from the obstruction to the motion of the red globules through the part, occasioned by their accumulation at or near the point, which constitutes the swelling and hardness around it. Since, then, the intensity with which the fluid tends towards the focus of inflammation diminishes in proportion both to the distance from it and the hardness of the inflamed part around it, and the capacity of the nerves to re-transmit increases in the inverse ratio* (allowing that the pressure of the accumulated blood tends to paralyze the nerves), a line may be conceived to be drawn through the points where the equilibrium, disturbed by the action of the primary irritant, is restored, circumscribing the inflammation, which line would advance towards the focus of inflammation, or recede from it, as the power of the nerves prevails over the inflammatory excitement, or the reverse. In the primary stage of inflammation it would recede, in the healing process it would advance.

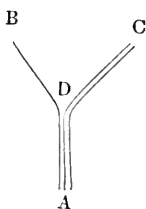
It follows, from these considerations, that the space circumscribed by this imaginary line, including the focus of inflammation, possesses less conducting power than the parts adjacent. Now if this be the case, a force of pressure must be exerted by the fluid diverging from the centre of the body, where it is most concentrated, to the circumference, on that space, equal to the difference between its conducting power and that of the adjacent tissue, in the direction from the centre to the circumference. The pressure thus arising will be productive of one of two effects. Either it will remove the accumulation of globules whose diminished mobility obstructs its own motions, or it will remove the whole tissue. In the first instance, it acts in coincidence with the primary excited current, to produce suppuration; in the second, it gives rise to sloughing.

There are, then, two circumstances which operate in the cure of inflammation. 1st. The impediment to the passage of this fluid, from the focus of inflammation, otherwise than by the nerves. 2d. The impediment to its passage towards the focus, by the obstruction of the movements of the globules in the capillaries, springing from their accumulation around it.

One of the causes of the first of these impediments is clearly shown by the considerations pointed out above, in relation to the progress and cure of inflammation on a flat disk. It is highly probable that another cause arises from the evaporation going on at the surface of the sore, which, removing always the more fluid parts, dries and hardens the surface into scabs, scales, &c., and lessens its powers of conduction. It is

* In the same ratio, if we reckon from the focus of inflammation.

this evaporation (which I hold to be occasioned by the fluid passing off), which, according to the researches of Breschet and Vauzeme, forms the cuticle, and, by a parity of reasoning, the nails, hair and horns. Such a view is confirmed by the mode in which vegetables fructificate and develop buds in the axils of the leaves, if it be allowed that they are affected by the same agency. The current of this fluid going to a leaf, continuing the same while its conducting power is diminishing, in consequence of evaporation, an accumulation will take place, exerting retrograde pressure, which acting at the base of the footstalk, at the point where the current passing up towards the leaf and that moving up the main stalk divide, creating a tendency to a vacuum, develops there the bud. This will be best understood by a diagram. If in consequence of an attraction exerted at B and C, the currents be excited from D



to B and C, they tend to produce a vacuum at D. If, on the contrary, a force acting at A impels a current up the tube, its tendency is to produce pressure at D. Now the two currents, D B, D C, excite a current along A D, which, when once excited, has a force of inertia which may be said to be acting from A. This force does not diminish so fast as the attractive force at B and C. There-

fore when a cause occurs to diminish the forces at B and C, that acting from A will come into play. If the figure represent a tree, the primary force taking place at the circumference of the leaves, as is the fact, and ceasing before the secondary, gives a reason for the formation of buds in the axils of the leaves. For the same reason, when the conducting power of the petals is diminished, an accumulation will arise at their bases, which expands the tissue and attracts the nutritious materials there, until it forms the fruit. We may, by an extension of the same principle, account for the growth of the roots of vegetables, considering them as the reflection of the branches; of the fangs of teeth, as the reflection of the crowns; of the secondary teeth, as the reflection of the first; the stem and tubular part of the feather, as the reflection of the vane; the external ear, as a reflection of the internal; all that portion of the eye anterior to the iris, as a reflection of that posterior to it; the brain, as the reflection of the nerves; the heart, as we have seen, as the reflection of the small vessels; and, universally, the last developed part of an organ, or the last developed organ of a system, but a reflection of the first, or that on which the impressions to which they have relation, are primarily made.

Hence we arrive at the same conclusion, whether we follow observation, or trace the consequence of inflammation from the laws of this fluid considered as the agent concerned in producing it, viz., that it has a tendency to heal itself. Again, the prominent phenomena of inflammation harmonize with the view that has been taken. There is a disposition to inflame in those parts which have been deprived of their nervous influence, either by section of the nerves, or paralysis, from the action of slight irritating causes. How well is this fact explained on

the supposition that this fluid is attracted to the irritated spot, from the channel of the arterial blood, faster than it can be conducted away by the injured nerves and parts adjacent. In like manner the defective nutrition and calorification of a paralyzed limb is accounted for because the centripetal nervous current being less, there is less attraction exerted, in the absence of any irritant on the arterial blood. If, also, it is true, as has been observed, that organs scantily supplied with nerves are more liable to congestion than others, the reason for it is obvious.

The red line around a gangrenous limb is just what ought to happen if this is the correct view, for the mortified part being a non-conductor, the fluid must accumulate in the contiguous living part, and diffusing itself faster than it can be conducted into the system, will radiate from the surface, and produce inflammation, prescribed by the condition mentioned above, while the pressure of the fluid acts to separate the dead from the living portion. That action which disposes inflamed parts to open externally, regarded as inexplicable on any former theory of inflammation, is but a part of the same process with that which throws off a gangrenous part. It is the consequence of the fluid being more concentrated internally, and therefore tending towards the surface, and carrying with it whatever interferes with its motion.

All the changes witnessed in the maturation of a pustule, are what we might expect on the same supposition. First, the accumulation of blood, constituting the pimple—the primary effect of the current excited. Second, the elevation of the cuticle, and the passage thither of the most fluid part of the blood, forming a vesicle. Third, the passage of the less moveable parts or globules of pus would take place, as the consecutive effects of a fluid moving towards the apex of the pustule, through the inflamed part. Healthy granulation may be easily conceived to be the result of the activity of the centripetal currents, combined with the external pressure, the former removing, on the internal side, the globules which are partially obstructed, and there deposited during the healing process, and the latter gently urging the circles into the ulcerated space and gradually supplying the loss of substance sustained. Erythematic erysipelas is but a reproduction of the papula on a large scale. Œdematous erysipelas bears the same relation to the vesicle, and phlegmonous erysipelas to the pustule. They are all the effects of a greater or less degree of determination of blood to the skin from the same cause. The looseness of texture beneath the skin is the reason of the effusion there, instead of on its surface, and this effusion may be referred to the same law which develops the secondary parts of organs after the primary, as already referred to.

To prevent misconception, I would here allude to a statement made above, that this pressure on the nerve tends to paralyze it, which taken in connection with another, that the relation between the external radiation and centripetal currents of this fluid is disturbed, might lead to the opinion that I thought the centripetal current was less in inflammation than in the natural state of the part. This, however, is the opposite from what I believe to be true, when inflammation, strictly speaking, is established. The current on the whole may be greater than natural,

and still less in proportion to the external. At the same time the nervous fibres, where the pressure is greatest, may be palsied, while those adjacent are stimulated to an increase of their function. Besides, inflammation follows not necessarily from a loss of balance between the two currents. Since the sum of both being the same, if the natural relation between them be destroyed, no accumulation will arise, and therefore no inflammation. The loss of this balance predisposes to inflammation, rather than actually excites it, inasmuch as it is while the balance is being restored that accumulation is likely to take place, and with it inflammation.

When a part is frozen, the application of cold will prevent subsequent inflammation. The reason for this is, that cold palsies the nerves, or, in other words, the fluid radiates so fast that the centripetal current is destroyed in a given extent, while in consequence of the radiation a greater amount than usual is directed to the part. A trifling degree less of cold must now be applied to the dead or frozen part, so that radiation continuing to nearly an equal extent, no accumulation of the fluid will take place while the centripetal current is slowly re-establishing itself in the part. Hence the good effects of cold in inflammations generally. It is an irritant, when it produces so much radiation as to establish a current outward of greater relative intensity than the centripetal. It is a sedative, when it prevents that accumulation of the fluid which would give rise to inflammation, and which is prone to take place as a consequence of reaction. The condition of a frozen part thus bears the same relation to the sound part immediately contiguous, as would that of a gangrenous part, viz., that of a non-conductor; but with this difference, that the application of cold renders it more or less a conductor, and may be made to abstract the fluid as fast as it tends towards the part. As an additional circumstance in favor of this view of the action of cold, it might be observed that crystallization, which is synonymous with freezing, is regarded, by some of the highest authorities in chemistry, to depend on the passage of electricity in currents through the particles of matter.

Did space allow, I would notice some objections that would naturally suggest themselves to the mind in perusing what has been advanced. Perhaps on some points I may not have been sufficiently clear, from a desire to compress as much as possible into the compass of a few pages. Some difficulties would be removed by bearing in mind the disposition of an elastic fluid to vibrate to and fro, when it accumulates, and perhaps it is these vibrations, in small spaces, among the particles of animal matter, which effects the composition and decomposition of parts. It should be borne in mind, also, that all the phenomena of radiation of light and heat are explained equally well on the supposition of undulations of an elastic medium, and on that of the actual emission of particles, and either view is applicable to the case in hand.

Boston, January, 1838.

BENJAMIN HASKELL, M.D.

QUESTIONS IN MEDICINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—There are some discrepancies, or *prima facie* contradictions, in medical practice, which I should like to see explained or reconciled. For instance, in sanguineous engorgements of the uterus, we are directed to apply leeches to the vulva to lessen the quantity of blood and to take off its determination to the part; and, on the other hand, when we wish to increase the quantity or produce a determination to the uterus, we are directed to apply leeches—the same remedial means for apparently opposite indications of disease. In various external and internal inflammations, we are directed to apply warm fomentations or poultices to produce resolution; and yet when we wish to promote suppuration, we are advised to apply warm poultices, &c. It seems to me that rules more special and discriminate should be laid down and followed with respect to both hot and cold applications, and I hope the subject will receive further notice.

MEDICUS.

QUESTIONS IN ANATOMY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Will some one of your numerous correspondents answer the following questions. They are suggested by a notice in the 23d No. of the present Vol. of your valuable Journal, of the “ingenious explanation” of the *modus operandi* of narcotics in dilating the pupil, by Mr. Walker.

1st. What evidence have we that the third pair of nerves enters into the formation of the lenticular ganglion?

2d. Does muscular motion, in *any* instance, depend upon influence conveyed by nerves of common sensation?

3d. Is the iris muscular?

4th. Is Mr. Walker’s explanation “ingenious”?

The inquirer is after truth.

Franklin, Vt., Jan. 19th, 1838.

Yours, &c.

A SUBSCRIBER.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 31, 1838.

BOYLSTON PRIZE QUESTIONS.

A REFERENCE was made last week to Dr. Holmes’s dissertations. We are now prepared to speak with decided approbation of his investigations. Every page gives abundant evidence of his thorough acquaintance with each subject proposed to him by the committee, and he moreover clearly exhibits a degree of patience and perseverance alike creditable to himself and the profession. In this country it rarely happens that a physician can devote sufficient time to the study of diseases to make himself

good authority, and hence foreign writers, with a few honorable exceptions, are the oracles which are usually consulted. This is partly owing to the supposed necessity by which every practitioner is more or less influenced, of attending so closely to the details of business, that he is excused from the labors of pathological inquiries: by general consent, therefore, some are considered only writers, or qualified for being observers of the phenomena of disease; whilst others, taking them for unerring guides, have no higher responsibility than to prescribe according to custom and the sanction of authors.

From the exhibitions of talent which Dr. Holmes has given in these essays, his future course will be watched with interest. He cannot be insensible to the popularity of the first prize dissertation on *Intermittent fever in New England*, which was widely distributed by the munificence of an individual of Boston. The volume now embodying the three papers, cannot well be dispensed with in a medical library—because he has become native authority. It is this latter character which gives peculiar value to his writings. The decision of the Boylston Committee, a medical tribunal entitled to perfect confidence, in awarding the prizes to Dr. Holmes, gives an official assent to the excellency of each production, which after years will confirm and strengthen.

Counsellor's Meeting.—It will be seen, by Dr. Homans's notice on our advertising page, that the Counsellors of the Massachusetts Medical Society will meet on the 7th day of February, at the Athenæum. Fellows residing in the country, district societies, and all others having business to transact with the Council, will have ample time to prepare. It is desirable that there should be a full board, and every section of the Medical Commonwealth fully represented.

Medical Lectures in Boston.—The term closed at the Massachusetts College yesterday. Probably there are a considerable number of candidates for degrees, and whenever their names are announced, the catalogue will be given. It is a very important era in the life of a medical student, to assume the cares and responsibilities of a practitioner of medicine, and should not be entered upon without a deep sense of all its bearings, as it relates to society and his own individual happiness.

Worcester District Medical Society.—Very judicious arrangements have been made, we hear, for reading papers, and collecting facts to advance the interest and usefulness of the profession, in that section of country. The plan is excellent: the wonder is that nothing of the kind has been done before. It will not only be productive of good fellowship and professional courtesy, but it will inspire a degree of confidence in those who know how important it is for physicians to agree amongst themselves. Happily for the present age, in New England, those fends, petty jealousies, and rivalries, which were thought to characterize practitioners of medicine, have in a great measure passed away. Just so long as medical societies are cherished in the true spirit which called them into existence, good faith, generous feelings, and honorable, high-minded intercourse, conducive to the elevation of the profession, will assuredly be maintained.

Shocking Mistake.—The Baltimore American relates that a respectable physician prescribed for a lady of that city, who had recently recovered from illness, an ounce of the *phosphate of soda*, and wrote his prescription so that it was thought there could be no mistake. The messenger returned from the apothecary with the *white precipitate of mercury*! The patient, in fear of some mistake, refused to take the medicine till it had been sent back to the apothecary to ascertain for a certainty that the prescription was understood: the medicine was re-examined by him, and the decision was that it was correct. The dose was then swallowed, but with fatal effects. Notwithstanding every effort, the poor victim died on the following Sunday.

The Natural History of Man.—In the last number of the American Journal of Science, a correspondent of the editor is very urgent to obtain all the facts which can be obtained on the subject of the tracks of human feet which have been discovered on rocks, in various sections of this country. He intimates that it is possible to prove, by these singular evidences, that man existed at a much earlier period on this globe than geologists have heretofore supposed. Any specimens, therefore, bearing such impressions, or descriptions of them, in localities not heretofore chronicled, directed to Professor Silliman, will be peculiarly interesting, and greatly serve the cause of science.

Tubercles in various Organs, without any Tubercular Formation in the Lungs.—The law established by M. Louis, that, after the age of fifteen, tubercles are never found in any part of the body, without also existing in the lungs, admits of very few exceptions. M. Louis himself has only met with one. We extract the following from a late number of the "*Bulletin Therapeutique*," remarking, however, that the state of the bronchial glands is not noticed.

"A negro, eighteen years of age, was received, on the 6th of March last, into one of the surgical wards of the Hôpital Beaujon, for a fistulous opening in the region of the sternum. The boy died suddenly, and on examining the body, tubercular abscesses were found in the eyelids, and several other parts of the body; there were softened tubercles in the prostate and right testicle; crude tubercles in the ribs, under the pleuræ, and in the brain, but none in either lung, liver, or spleen."—*London Lancet*.

Medical Miscellany.—Dr. Consigny, of St. Damas, and Dr. Duvert, of St. Charles, have both surrendered to government, being patriots, and are now in prison.—The cholera has wholly disappeared at Constantinople.—The plague has become truly frightful at Odessa.—Total mortality of Baltimore, in 1837, 2114. *Fifty-two* died of smallpox, one hundred and thirty-four of *scarlet fever*; consumption, 396; measles, 141; stillborn, 196; and of infantile diseases, 516.—A tooth, it is said, was extracted from a young lady at Lynn, the other day, while under magnetic influence, without her manifesting any signs of pain or uneasiness. Dr. Fisk, of Salem, was the operator.—The number of deaths in New Haven, Ct., the last year, was 250.

DIED.—In Wrentham, Mass., Dr. Luther W. Sherman, aged 33—a skilful practitioner, and the writer of several valuable communications to this Journal.

Whole number of deaths in Boston, for the week ending Jan. 27, 30. Males, 21—Females, 9.

Consumption, 6—inflammation of the lungs, 1—dropsy, 1—convulsions, 1—teething, 1—scarlet fever, 1—catarrh, 1—lung fever, 1—infantile, 1—disease of the head, 1—dropsy in the head, 1—stoppage in the stomach, 1—old age, 2—fits, 1—measles, 1—rupture, 1—spasmodic fits, 1—disease of the heart, 1—inflammation of the bowels, 1—croup, 1—hæmorrhage, 1—fever, puerperal, 1—accidental, 1—stillborn, 4.

MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

A stated meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, in Pearl street, on WEDNESDAY, the 7th day of February next, at 11 o'clock, A. M.

Boston, Jan. 23.

eptm

JOHN HOMANS, Rec. Sec'y.

MEDICAL INSTRUCTION.

The subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon.

JOSEPH H. FLINT.

Springfield, January, 1838.

Jan. 17.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri, or Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing-down" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

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LOWE & REED,

24 Merchants Row, Boston.

TO MEDICAL STUDENTS.

The undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works.

Anatomical instruction and private dissection will form a prominent part in the study of the pupils.

For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.

R. W. HOOPER, M.D.

Franklin Street, Nov. 9, 1836.

July 19—6m

JOHN H. DIX, M.D.

MEDICAL INSTRUCTION.

The subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in two Dispensary districts, embracing Wards 1, 2 and 3, and in cases which will be treated at the room daily.

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to

EPHRAIM BUCK, M.D.

ASA B. SNOW, M.D.

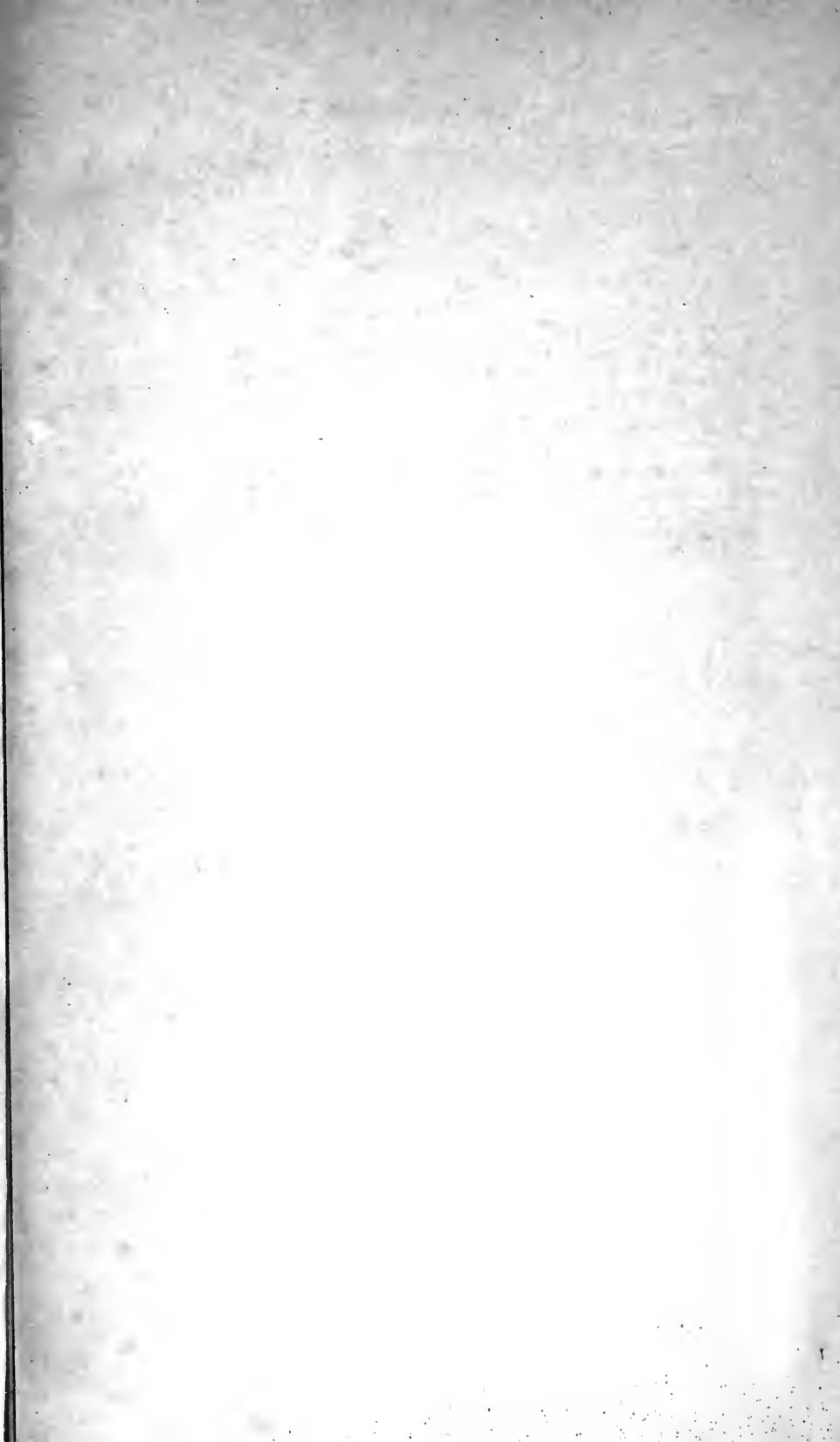
E. WALTER LEACH, M.D.

HENRY G. CLARK, M.D.

JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.





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